

No. C 104537		Due no later than Dec 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		GARY CANOVA 2993 NORTH COLE ROAD BOISE ID 83704			
		1. Mailing Address: Correct in this box if needed. BOISE MINOR EMERGENCY CENTER, P.A. GARY CANOVA M.D. 2993 N COLE RD BOISE ID 83704		3. <u>New</u> Registered Agent Signature: *			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	K SUZANNE CANOVA	2993 N COLE RD	BOISE	ID	USA	83704	
DIRECTOR	GARY CANOVA	2993 NORTH COLE ROAD	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 104537		6. Annual Report must be signed.* Signature: Gary Canova, MD Name (type or print): Gary Canova, MD Date: 12/13/2012 Title: Owner					
Processed 12/13/2012		* Electronically provided signatures are accepted as original signatures.					