

No. C 140283		Due no later than Aug 31, 2010		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		1. Mailing Address: Correct in this box if needed. COLEMAN PROFESSIONAL ANESTHESIA SERVICES, P.A. KEVIN COLEMAN 5056 W BANKER DR BOISE ID 83714		KEVIN COLEMAN 5056 W BANKER DR BOISE ID 83714			
				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	
PRESIDENT	KEVIN COLEMAN	5056 W BANKER DR	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID C 140283		6. Annual Report must be signed.* Signature: Kevin Coleman Name (type or print): Kevin Coleman Date: 06/16/2010 Title: President					
Processed 06/16/2010		* Electronically provided signatures are accepted as original signatures.					