

No. C 12001		Due no later than Mar 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 1. Mailing Address: Correct in this box if needed. ST. JOSEPH REGIONAL MEDICAL CENTER, INC. PARMA NELSON-YATES 415 6TH STREET LEWISTON ID 83501		TIMOTHY P SAYLER 415 6TH STREET LEWISTON ID 83501		
				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
DIRECTOR	DONN DURGAN	1005 BRYDEN AVENUE	LEWISTON	ID	USA	83501
DIRECTOR	TONY FERNANDEZ	500 8TH AVENUE	LEWISTON	ID	USA	83501
DIRECTOR	PAUL SANCHIRICO, M.D.	1108 8TH AVENUE	LEWISTON	ID	USA	83501
DIRECTOR	JODY SERVATIUS	1507 G STREET	LEWISTON	ID	USA	83501
DIRECTOR	TERRY KOLB	3962 B LAKEVIEW DR.	LEWISTON	ID	USA	83501-1524
DIRECTOR	SISTER ESTHER POLACCI	OUR LADY OF LOURDES COMMUNITY 520 NORTH FOURTH AVENUE	PASCO,	WA	USA	99302-2568
DIRECTOR	BOB COLEMAN	COLEMAN OIL 335 MILL ROAD, P O BOX 1308	LEWISTON	ID	USA	83501-2568
DIRECTOR	SR KATHLEEN ANN DUROSS	21010 ANZA VENUE APT. 11	TORRANCE	CA	USA	90503-2568
DIRECTOR	MIKE THOMASON	3850 COUNTRY CLUB DRIVE	LEWISTON	ID	USA	83501-2568
DIRECTOR	COLIN DOYLE, M.D.	330 WARNER DRIVE	LEWISTON	ID	USA	83501-2568
DIRECTOR	SISTER ANNE MCMULLEN	11999 CHALON ROAD	LOS ANGELES	CA	USA	90049-1524
5. Organized Under the Laws of: ID C 12001		6. Annual Report must be signed.* Signature: Parma J. Nelson-Yates Name (type or print): Parma J. Nelson-Yates Date: 01/10/2012 Title: Executive Assistant				
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.				

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