

No. C 157173		Due no later than Nov 30, 2015 Annual Report Form		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. J.S.C. ANESTHESIA, P.C. JOHN S. CARMICHAEL 3982 N 2300 E FILER ID 83328		JOHN S CARMICHAEL 3982 N 2300 E FILER ID 83328			
						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	JOHN S. CARMICHAEL	3982 N. 2300 E.	FILER	ID	USA	83328	
SECRETARY	JOHN S. CARMICHAEL	3982 N. 2300 E.	FILER	ID	USA	83328	
5. Organized Under the Laws of: ID C 157173		6. Annual Report must be signed.* Signature: John S. Carmichael Name (type or print): John S. Carmichael					
Processed 10/09/2015		* Electronically provided signatures are accepted as original signatures. Date: 10/09/2015 Title: President JSC Anesthesia					