

No. C 147003		Due no later than Jan 31, 2011 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. EAGLE PEDIATRICS, P.A. CONNIE C MILLER 125 N STIERMAN WAY STE A EAGLE ID 83616 USA		ALAN P MILLER 125 N STIERMAN WAY STE A EAGLE ID 83616			
						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	ALAN P MILLER M.D.	125 N STIERMAN WAY SUITE A	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 147003		6. Annual Report must be signed.* Signature: Connie Miller Name (type or print): Connie Miller					
		Date: 02/03/2011 Title: Secretary					
Processed 02/03/2011 * Electronically provided signatures are accepted as original signatures.							