

No. C 194578		Due no later than May 31, 2014 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. ST. LUKE'S CLINIC COORDINATED CARE, LTD. 190 E BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 190 E BANNOCK ST BOISE ID 83712		
				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	BRIAN MATTESON, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	LEON SMITH	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	JAMES SOUZA, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	BRIAN FORTUIN, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	KURT SEPPI, MD	190 E. BANNOCK	BOISE	ID	USA	83712
PRESIDENT	GEOFF SWANSON, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	GARY FLETCHER	190 E BANNOCK	BOISE	ID	USA	83712
DIRECTOR	JEFFREY TAYLOR	190 E BANNOCK	BOISE	ID	USA	83712
SECRETARY	CHRISTINE S NEUHOFF ESQ	190 E BANNOCK	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID C 194578		6. Annual Report must be signed.* Signature: Carol A Wilmes Name (type or print): Carol A Wilmes Date: 05/21/2014 Title: Exec. Assistant				
Processed 05/21/2014		* Electronically provided signatures are accepted as original signatures.				