

No. C 138544		Due no later than Apr 30, 2017 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. A.P.B. MEDICAL, P.C. ALICE BLAKE 1216 N 21ST BOISE ID 83702		ALICE BLAKE MD 1216 N 21ST BOISE ID 83702			
						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	
SECRETARY	TRACEY A SHEEHAN	1216 NORTH 21 ST STREET	BOISE	ID	USA	83702-2407	
PRESIDENT	ALICE P BLAKE	1216 NORTH 21 ST STREET	BOISE	ID	USA	83702-2407	
5. Organized Under the Laws of: ID C 138544		6. Annual Report must be signed.* Signature: Alice Blake Name (type or print): Alice Blake					
		Date: 03/05/2017 Title: MD					
Processed 03/05/2017		* Electronically provided signatures are accepted as original signatures.					