No. **C 107863**	**Due no later than Oct 31, 2018** **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.** WOMEN'S HEALTHCARE ASSOCIATES, P.A. ROSEMARK WOMENCARE SPECIALISTS 3450 POTOMAC WAY IDAHO FALLS ID 83404	STEVEN ROBISON 3450 POTOMAC WAY IDAHO FALLS ID 83404 3. New 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	STEVEN W ROBISON	3450 POTOMAC WAY	IDAHO FALLS	ID	USA	83404
VICE PRESIDENT	MATTHEW ROBISON	3450 POTOMAC WAY	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 107863**	Signature: Jay Seedall	Date: 08/21/2018
	Name (type or print): Jay Seedall	Title: Ex Director-Medical Operations

Processed 08/21/2018

* Electronically provided signatures are accepted as original signatures.