No. C 49340		Due no later than Apr 30, 2011		2. Registered Ag	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. OB/GYN ASSOCIATES, P.A. KRISTI JO LYNN 3520 E LOUISE DR MERIDIAN ID 83642 USA		LEE WARREN 3520 E LOUIS MERIDIAN ID	LEE WARREN PARSONS, M.D. 3520 E LOUISE DR MERIDIAN ID 83642 3. New Registered Agent Signature:*			
		ı ess Addresses of Pı	resident, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	LEE W PARS	SONS	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	HARMONEY R SCHROEDER		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
TREASURER	RER JOHN C DUFURRENA		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
SECRETARY	SCOTT B ARMSTRONG		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83604	
DIRECTOR	PHILLIP C AGRUSA		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	THEODORE	W COLWELL	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 49340		Signature: Jared W Lau		Date: 04/2	Date: 04/25/2011			
		Name (type or print): Jared W Lau		Title: Exe	Title: Executive Secretary			
Processed 04/25/2011 * Electronically provided signatures are accepted as original signatures.								