

No. **C 104537****Due no later than December 31, 2004**
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BOISE MINOR EMERGENCY CENTER, P.A.
GARY CANOVA M.D.
2993 N COLE RD
BOISE, ID 83704GARY CANOVA
2993 NORTH COLE ROAD
BOISE, ID 83704**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President/Sole Director	GARY CANOVA MD	2993 N Cole Rd,	Boise,	ID	83704
Secretary	SUZANNE CANOVA	4393 Pollard, Star,	ID		83669

5. Organized Under the Laws of:

IDAHO
C 104537

6.

Signature

Name (Type or
Print)

GARY CANOVA, MD

Date

10-15-04

Title

PRESIDENT

Issued 10/01/2004

Do Not Tape or Staple

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