No. C 196427		Due no later than Nov 30, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MERIDIAN SMILES DENTISTRY, PC CHRISTI KULPA 17000 RED HILL AVENUE IRVINE CA 92614		921 S ORC BOISE ID	NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
700 101 1		ess Addresses of F	President, Secretary, and Directors. Treas			_		
	Name		Street or PO Address	City	State	Country	Postal Code	
		IOWARD DDS THORNE IV	17000 RED HILL AVENUE 17000 RED HILL AVENUE	IRVINE IRVINE	CA CA	USA USA	92614 92614	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR C 196427		Signature: Daniel B, Howard, D.D.S. Date: 11/25/2015					15	
		Name (type or		Title: President				
Processed 11/25/2015		* Electronically provided signatures are accepted as original signatures.						