No. C 49340		Due no later than Apr 30, 2018		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. CAROL A RUNNER 3520 E LOUISE DR MERIDIAN ID 83642 USA			LEE WARREN PARSONS, M.D. 3520 E LOUISE DR MERIDIAN ID 83642 3. New Registered Agent Signature:*			
				0000 - 0000				
				3. <u>New</u> Register				
Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TRACEY A KOPPERUD		3520 EAST LOUISE DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	SCOTT B ARMSTRONG		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	HARMONY R SCHROEDER		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
TREASURER	LEE W PARSONS		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83604	
DIRECTOR	OR PHILLIP C AGRUSA		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
PRESIDENT BECKY S URANGA		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642		
SECRETARY	DARREN S PITTARD		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: 6. An		6. Annual Report m	5. Annual Report must be signed.*					
ID C 49340		Signature: NICOLE BROWN		Date: 03/0	Date: 03/01/2018			
		Name (type or print): NICOLE BROWN		Title: EXE	Title: EXECUTIVE DIRECTOR			
Processed 03/01/2018		* Electronically provi	ded signatures are accepted as origina	l signatures.				