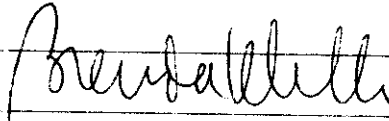


No. <b>W 6413</b>	<b>Due no later than June 30, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  WOMEN'S HEALTH ASSOCIATES, P.L.L.C. BRENDA M WILLIAMS 333 N 1ST STE 240 BOISE, ID 83702		BRENDA M WILLIAMS 333 N 1ST STE 240 BOISE, ID 83702																		
			3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Pres. Brenda Williams, M.D.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>V.P. Mitch Williams</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> WOMEN'S HEALTH ASSOCIATES 333 NORTH 1st, SUITE 240 BOISE, ID 83702 (208) 338-8900				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Pres. Brenda Williams, M.D.						V.P. Mitch Williams				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
	Pres. Brenda Williams, M.D.																				
	V.P. Mitch Williams																				
5. Organized Under the Laws of:  IDAHO W 6413	6. Signature  Date <u>4-12-5</u> Name <small>(Type or Printed)</small> <u>Brenda Williams</u> Title <u>MD/Pres.</u>																				

Issued 04/01/2005

Do Not Tape or Staple

200506001332