No. C 107863			Oue no later than Oct 31, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		STEVEN ROBISON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WOMEN'S HEALTHCARE ASSOCIATES, P.A. ROSEMARK WOMENCARE SPECIALISTS 3450 POTOMAC WAY		ed.	3450 POTOMAC WAY IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE		IDAHO FALLS ID 83404			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nam	nes and Busin	ess Addresses o	f President, Secretary, and Directors. Tre	easurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
	STEVEN W MATTHEW F		3450 POTOMAC WAY 3450 POTOMAC WAY		IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 107863		Signature: Jay Seedall		Date	ate: 08/25/2017			
		Name (type or print): Jay Seedall T		Title	tle: Ex Director-Medical Operations			
Processed 08/25/2017 * Electronically provided signatures are accepted as original signatures.								