No. **C 49340**	**Due no later than Apr 30, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** OB/GYN ASSOCIATES, P.A. NICOLE M BROWN 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:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SCOTT B ARMSTRONG	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642
SECRETARY	HARMONY R SCHROEDER	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642
TREASURER	LEE W PARSONS	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83604
DIRECTOR	PHILLIP C AGRUSA	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642
VICE PRESIDENT	BECKY S URANGA	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 49340**	Signature: NICOLE BROWN	Date: 02/22/2016
	Name (type or print): NICOLE BROWN	Title: EXECUTIVE DIRECTOR

Processed 02/22/2016

* Electronically provided signatures are accepted as original signatures.