

No. C 50506		Due no later than Dec 31, 2012		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. MEDICAL CENTER FOR CHILDREN AND ADOLESCENTS, P.A. ERIC K GRAVATT 3430 WASHINGTON PKWY IDAHO FALLS ID 83404 USA		J PANKAU MICHAEL 3430 WASHINGTON PKWY IDAHO FALLS ID 83404		
				3. <u>New</u> 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
DIRECTOR	BRADFORD N HATCH	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
DIRECTOR	BRAD R EDWARDS	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
DIRECTOR	ERIC P OLSON	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
SECRETARY	ROBERT J PETTIT	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
PRESIDENT	MICHAEL J PANKAU	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
DIRECTOR	KELLY J ANDERSON	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 50506		6. Annual Report must be signed.* Signature: Eric K. Gravatt Name (type or print): Eric K. Gravatt Date: 10/15/2012 Title: Administrator				
Processed 10/15/2012		* Electronically provided signatures are accepted as original signatures.				