No. C 43599		Due no later than Apr 30, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROHN HOLLMAN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CMZ MEDIC C JEFFREY 39 PROFES	1. Mailing Address: Correct in this box if needed. CMZ MEDICAL ASSOCIATES, INC. C JEFFREY ZOLLINGER 39 PROFESSIONAL PLAZA REXBURG ID 83440		393 E 2 N REXBURG ID 83440 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Bu	siness Addresses	of President, Secretary, and Directors. Tre	easurer (optional).				
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT JEFFERY	ZOLLINGER	393 E 2 N		REXBURG	ID	USA	83440	
5. Organized Under the Laws of:	s of: 6. Annual Report must be signed.*							
ъ	Signature:	Signature: JeffreySollinger			Date: 02/22/2016			
C 43599	Name (type	Name (type or print): JeffreySollinger			Title: President			
Processed 02/22/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.						