

No. C 148745		Due no later than Apr 30, 2017 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. ROMAN SCHWARTSMAN, M.D., P.C. ROMAN SCHWARTSMAN 6590 NORWOOD BOISE ID 83704		ROMAN SCHWARTSMAN 6590 W NORWOOD DR BOISE ID 83704				
						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		
PRESIDENT	ROMAN SCHWARTSMAN	6590 NORWOOD	BOISE	ID	USA	83704		
DIRECTOR	ROMAN SCHWARTSMAN	6590 NORWOOD	BOISE	ID	USA	83704		
SECRETARY	ROMAN SCHWARTSMAN	6590 NORWOOD	BOISE	ID	USA	83704		
TREASURER	ROMAN SCHWARTSMAN	6590 NORWOOD	BOISE	ID	USA	83704		
5. Organized Under the Laws of: ID C 148745		6. Annual Report must be signed.* Signature: ROMAN SCHWARTSMAN Name (type or print): ROMAN SCHWARTSMAN						Date: 02/21/2017 Title: MD
Processed 02/21/2017		* Electronically provided signatures are accepted as original signatures.						