

No. C 84237		Due no later than Jun 30, 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. WOMEN'S MEDICAL CLINIC, P.A. GERALD E CARLSON 2003 WEST CROOS CREEK DR NAMPA ID 83686		GERALD E CARLSON 2003 W CROSS CREEK DR NAMPA ID 83686			
				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	
SECRETARY	SHERRON C CARLSON	2003 WEST CROSS CREEK DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 84237		Signature: Sherron C Carlson				Date: 04/25/2012	
		Name (type or print): Sherron C Carlson				Title: Secretary	
Processed 04/25/2012		* Electronically provided signatures are accepted as original signatures.					