

No. C 201183		Due no later than Feb 28, 2017		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. SOUTHWEST MEDICAL ASSOCIATES, INC. 2724 N. TENAYA WAY LAS VEGAS NV 89128 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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	TODD M. SMITH	2724 N. TENAYA WAY	LAS VEGAS	NV	USA	89128
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
PRESIDENT	ROBERT B. MCBEATH	2716 NORTH TENAYA WAY	LAS VEGAS	NV	USA	89128
DIRECTOR	ROBERT B. MCBEATH	2716 NORTH TENAYA WAY	LAS VEGAS	NV	USA	89128
DIRECTOR	JOHN C. RHODES	2724 N. TENAYA WAY	LAS VEGAS	NV	USA	89128
DIRECTOR	CARL EDWARD ALLEN	2704 N. TENAYA WAY	LAS VEGAS	NV	USA	89128
5. Organized Under the Laws of: NV C 201183		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann		Date: 01/07/2017 Title: POA		
Processed 01/07/2017		* Electronically provided signatures are accepted as original signatures.				