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| No. C 49340 | | Due no later than 4/30/2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. OB/GYN ASSOCIATES, P.A. 3520 E LOUISE DR MERIDIAN ID 83642 | | LEE WARREN PARSONS, M.D. 3520 E LOUISE DR MERIDIAN ID 83642 | |
| | | | | 3. New Registered Agent Signature: | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Zip |
| President | Harmon R. Schneider | 3520 E LOUISE DR | Meridian | ID | 83642 |
| Vice President | Theodore W. Cornell | 310 E Elm Street Ste 3K | Caldwell | ID | 83605 |
| Secretary | Lee W. Parsons | 3520 E LOUISE DR | Meridian | ID | 83642 |
| Treasurer | Phillip C. Agnew | 3520 E LOUISE DR | Meridian | ID | 83642 |
| Vice President | Brenda S. Davies | 315 E Elm St. Ste 315 | Caldwell | ID | 83605 |
| Vice President | Graft Armstrong | 3520 E LOUISE DR | Meridian | ID | 83642 |
| 5. Organized Under the Laws of: ID C 49340 | | 6. Annual Report must be signed. Signature: <u>Lee W. Parsons, MD</u> Date: <u>5/12/09</u> Name (type or print): <u>Lee W. Parsons, MD</u> Title: <u>Med. Div.</u> | | | |