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|--|-------------------|---|-------|---|---------|-------------|--|
| No. C 148745 | | Due no later than Apr 30, 2013 | | 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 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA | | | |
| | | | | 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: 02/12/2013 Title: Md | | | | | |
| Processed 02/12/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |