| No. C 148745 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Apr 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. ROMAN SCHWARTSMAN, M.D., P.C. ROMAN SCHWARTSMAN 6590 NORWOOD BOISE ID 83704 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) ROMAN SCHWARTSMAN 6590 W NORWOOD DR BOISE 83704 3. New Registered Agent Signature:* | | | |
|--|--------------------------|--|---|-----------------------|---|---------|-------------|--|
| | | | | 6590 W NO BOISE 83 | | | | |
| 4. Corporations: Enter | Names and Busin | ess Addresses of Pr | esident, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | ROMAN SCH | WARTSMAN | 6590 NORWOOD | BOISE | ID | USA | 83704 | |
| DIRECTOR | RECTOR ROMAN SCHWARTSMAI | | 6590 NORWOOD | BOISE | ID | USA | 83704 | |
| SECRETARY | RETARY ROMAN SCHWARTSM | | 6590 NORWOOD | BOISE | ID | USA | 83704 | |
| TREASURER | ROMAN SCH | IWARTSMAN | 6590 NORWOOD | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Roman Schwartsman | | | Date: 03/22/2015 | | | |
| C 148745 | | Name (type or p | | Title: MD | | | | |
| Processed 03/22/2015 | | * Electronically pro | vided signatures are accepted as origin | al signatures. | | | | |