No. C 174782		Due no later than Aug 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. CLINICA SANTA MARIA, INC. ROSA SAVALA 301 E. CLEVELAND BLVD. CALDWELL ID 83605-3625		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				301 E. CLEVEL CALDWELL ID	EDWARD SAVALA 301 E. CLEVELAND BLVD. CALDWELL ID 83605-3625 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names	s and Busin	ess Addresses of I	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held N	lame		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT EI	DWARD A	SAVALA	301 E. CLEVELAND BLVD.	CALDWELL, ID 83605	ID	USA	83605-3625	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 174782		Signature: Edv		Date: 08/16/2016				
		Name (type or		Title: President				
Processed 08/16/2016 * Electronically provided signatures are accepted as original signatures.								