



0005326690

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (BUSINESS CORPORATION)**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0005326690

Date Filed: 7/25/2023 9:38:19 AM

## Filing Fee

Selected Service Type: Expedited (+\$40; filing fee \$140)

## 1. The name this business corporation will use in Idaho is:

Type of Corporation

Foreign Professional Business Corporation

Entity name

BOULDER CARE PROVIDER GROUP, P.A.

The name of the business corporation in its home jurisdiction as shown on the attached certificate of existence/good standing:  
BOULDER CARE PROVIDER GROUP, P.A.Upload or Mail a one page PDF of a Certificate of  
Existence/Good Standing from the home jurisdiction dated  
within 90 days of today.

## Profession

The business is organized to practice the profession of:

Medicine

## 2. Home Jurisdiction

The jurisdiction of formation is:

FLORIDA

## 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

None

## 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

None

## 5. The complete street address of the principal office is:

Principal Office Address

784 S. CLEARWATER LOOP  
STE B  
POST FALLS, ID 83854

## 6. The mailing address of the principal office is:

Mailing Address

784 S CLEARWATER LOOP  
STE B  
POST FALLS, ID 83854-9599

## 7. Registered Agent Name and Address

Registered Agent

NORTHWEST REGISTERED AGENT LLC  
Commercial Registered Agent

Physical Address

784 S CLEARWATER LOOP STE B  
POST FALLS, ID 83854

Mailing Address

784 S CLEARWATER LOOP STE B  
POST FALLS, ID 83854☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

## 8. Governors

Name	Title	Address
Andrew Mendenhall	Director, President, Treasurer	111 SW NAITO PARKWAY SUITE 200 PORTLAND, OR 97204



Ben Maclean	Secretary	111 SW NAITO PARKWAY SUITE 200 PORTLAND, OR 97204
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Signature of individual authorized by the entity to sign:

<i>Andrew Mendenhall</i>	<i>07/25/2023</i>
Sign Here	Date
Job Title: President	

# *State of Florida*

## *Department of State*

I certify from the records of this office that BOULDER CARE PROVIDER GROUP, P.A. is a corporation organized under the laws of the State of Florida, filed on April 17, 2019.

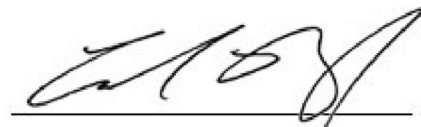
The document number of this corporation is P19000032495.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on February 17, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Nineteenth day of July, 2023*



  
*Secretary of State*

Tracking Number: 8619294983CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>