

No. C 153644		Due no later than Mar 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DERMATOLOGY CENTER OF CANYON COUNTY, P.C. GAVIN R POWELL 318 2ND ST S NAMPA ID 83651		GAVIN R POWELL 318 2ND ST S NAMPA ID 83651			
				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	
SECRETARY	MICHELE L POWELL	17793 POLARA WAY	NAMPA	ID	USA	83687	
PRESIDENT	GAVIN R POWELL	17793 POLARA WAY	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: ID C 153644		6. Annual Report must be signed.* Signature: Gavin R Powell MD Name (type or print): Gavin R Powell MD Date: 01/25/2010 Title: President					
Processed 01/25/2010		* Electronically provided signatures are accepted as original signatures.					