No. <b>C 74499</b>	Du	e no later than Dec 31, 2009	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	Annual Report Form  1. Mailing Address: Correct in this box if needed.  GREGORY J. KADLEC, M.D., P.A. GREGORY J KADLEC, M.D. 800 FALLS AVE STE 2 TWIN FALLS ID 83301		800 FALLS AV TWIN FALLS	G. J. KADLEC, M.D. 800 FALLS AVE STE 2 TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
	ness Addresses of	President, Secretary, and Directors. Treasu					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY JUDY A KA PRESIDENT GREGORY I	a and the second	800 FALLS AVE, SUITE 2 800 FALLS AVE, SUITE 2	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
<b>ID</b> Signatu		re: Gregory J Kadlec, MD Date: 01/08/2010					
C 74499	Name (type o		Title: President				
Processed 01/08/2010	* Electronically provided signatures are accepted as original signatures.						