No. **C 155850**	**Due no later than Aug 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** ADVANCED HEALTH CENTER, PC M. ANTHONY SMITH 2065 RIVERSTONE DR STE 102 COEUR D ALENE ID 83814	LISA SMITH 710 N COLES LOOP POST FALLS ID 83854 3. New 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
PRESIDENT	M ANTHONY SMITH	710 N. COLES LOOP	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
CO **C 155850**	Signature: M. A. Smith	Date: 06/10/2009
	Name (type or print): M. A. Smith	Title: President

Processed 06/10/2009

* Electronically provided signatures are accepted as original signatures.