

No. C 152795		Due no later than Jan 31, 2010 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. PEDIATRIC CRITICAL CARE, P.C. PAUL W JANSEN PO BOX 459 NEW MEADOWS ID 83654		PAUL W JANSEN, M.D. 2792 SKYLINE DR NEW MEADOWS ID 83654			
						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	
TREASURER	PAUL W JANSEN	PO BOX 459	NEW MEADOWS	ID	USA	83654	
SECRETARY	JULIE A JANSEN	PO BOX 459	NEW MEADOWS	ID	USA	83654	
PRESIDENT	PAUL W JANSEN	PO BOX 459	NEW MEADOWS	ID	USA	83654	
5. Organized Under the Laws of: ID C 152795		6. Annual Report must be signed.* Signature: Paul Jansen MD Name (type or print): Paul Jansen MD					
Processed 11/08/2009		Date: 11/08/2009 Title: President * Electronically provided signatures are accepted as original signatures.					