

No. C 12001		Due no later than Mar 31, 2015 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. ST. JOSEPH REGIONAL MEDICAL CENTER, INC. KIM SANFORD 415 6TH STREET LEWISTON ID 83501		DR MICHAEL ROONEY 415 6TH ST LEWISTON ID 83501			
						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	
DIRECTOR	ANTHONY SPERANZO	101 S. HANLEY SUITE 450	ST. LOUIS	MO	USA	63105	
DIRECTOR	BONNIE PHIPPS	900 CATON AVENUE	BALTIMORE	MD	USA	21229	
DIRECTOR	ROBERT HENKEL	101 S. HANLEY SUITE 450	ST. LOUIS	MO	USA	63105	
DIRECTOR	JOE IMPICCICHE	101 S. HANLEY SUITE 450	ST. LOUIS	MO	USA	63105	
PRESIDENT	MIKE THOMASON	3850 COUNTRY CLUB DRIVE	LEWISTON	ID	USA	83501-2568	
DIRECTOR	SISTER ANNE McMULLEN	11999 CHALON ROAD	LOS ANGELES	CA	USA	90049-1524	
PRESIDENT	PAUL SANCHIRICO, M.D.	1108 8TH AVENUE	LEWISTON	ID	USA	83501-1524	
5. Organized Under the Laws of: ID C 12001		6. Annual Report must be signed.* Signature: Kim Sanford Name (type or print): Kim Sanford					
		Date: 05/18/2015 Title: Executive Secretary					
Processed 05/18/2015 * Electronically provided signatures are accepted as original signatures.							