No. <b>C 110573</b>		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		1615 10711	JORGE A MARTINEZ  1615 12TH AVE RD STE B  NAMPA ID 83686  3. New Registered Agent Signature:*			
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.  JORGE A. MARTINEZ, M.D., P.A.  RENEE ROBLING  1615 12TH AVE RD STE B  NAMPA ID 83686  USA		NAMPA ID				
				3. <u>New</u> Registe				
4. Corporations: Enter Na	ames and Busir	ness Addresses of F	President, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JORGE A M	IARTINEZ	926 AUGUSTA DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jorge A. Martinez, MD Date: 03/13/2009					9	
C 110573		Name (type or		Title: Owner				
Processed 03/13/2009 * Electronically provided signatures are accepted as original signatures.								