

No. C 190530	Due no later than Mar 31, 2012 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. PARAMOUNT MEDICAL CONSULTANTS, INC. JEFFREY STEADMAN 5363 CLIFFSIDE CIRCLE IDAHO FALLS ID 83406	JEFFREY STEADMAN 5363 CLIFFSIDE CIRCLE IDAHO FALLS ID 83406 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
SECRETARY	NIKOLE STEADMAN	5363 CLIFFSIDE CIRCLE	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of: ID C 190530	6. Annual Report must be signed.* Signature: Jeff Steadman Name (type or print): Jeff Steadman		Date: 01/07/2012 Title: President			
Processed 01/07/2012		* Electronically provided signatures are accepted as original signatures.				