No. C 155850		Due no later than Aug 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			LISA SMITH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	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			710 N COLES LOOP POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	iness Addresses of	President, Secretary, and Directors. Tre	asurer (opt	ional).			
Office Held Name		Street or PO Address	C	ity	State	Country	Postal Code
PRESIDENT M. ANTHONY SMITH		710 N. COLES LOOP	P	OST FALLS	ID	USA	83854
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
со	Signature: M. Anthony Smith			Date: 07/02/2013			
C 155850	C 155850 Name (type or print): M. Anthony Smith			Title: President			
Processed 07/02/2013	* Electronically provided signatures are accepted as original signatures.						