No. C 74499		The state of the s		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. GREGORY J. KADLEC, M.D., P.A. GREGORY J KADLEC, M.D. 800 FALLS AVE STE 2 TWIN FALLS ID 83301		800 FALLS AV	G. J. KADLEC, M.D. 800 FALLS AVE STE 2 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine			f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	GREGORY J	KADLEC	800 FALLS AVE, SUITE 2	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 74499		Signature: Gregory J Kadlec, MD Date: 10/22/2013					3	
		Name (type or print): Gregory J Kadlec, MD Title: President						
Processed 10/22/2013		* Electronically provided signatures are accepted as original signatures.						