No. <b>C 155850</b>	Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		LISA SMITH			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  ADVANCED HEALTH CENTER, PC  M. ANTHONY SMITH  2065 RIVERSTONE DR STE 102		710 N COLES LOOP POST FALLS ID 83854			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	<del></del>					
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
PRESIDENT M. ANTHONY SMITH 710 N. COLES LOOP		POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:	Laws of: 6. Annual Report must be signed.*					
со	co Signature: M. Anthony Smith		Date: 06/10/2014			
C 155850 Name (type or print): M. Anthony Smith		: M. Anthony Smith	Title: President			
Processed 06/10/2014	* Electronically provided signatures are accepted as original signatures.					