No. C 148745 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Apr 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. ROMAN SCHWARTSMAN, M.D., P.C. ROMAN SCHWARTSMAN 6590 NORWOOD BOISE ID 83704		2. Registered	2. Registered Agent and Address (NO PO BOX)			
				6590 W NO BOISE ID	ROMAN SCHWARTSMAN 6590 W NORWOOD DR BOISE ID 83704 3. New Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ROMAN SCH	WARTSMAN	6590 NORWOOD	BOISE	ID	USA	83704	
DIRECTOR ROMAN SCHWARTSN		WARTSMAN	6590 NORWOOD	BOISE	ID	USA	83704	
SECRETARY ROMAN SCHWARTSN		WARTSMAN	6590 NORWOOD	BOISE	ID	USA	83704	
TREASURER	ROMAN SCH	WARTSMAN	6590 NORWOOD	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: ROM		Date: 02/23/2016				
C 148745		Name (type or p		Title: MD				
Processed 02/23/201	.6	* Electronically pro	vided signatures are accepted as origina	al signatures.				