

No. C 49340		Due no later than Apr 30, 2013 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. OB/GYN ASSOCIATES, P.A. NICOLE M BROWN 3520 E LOUISE DR MERIDIAN ID 83642 USA		LEE WARREN PARSONS, M.D. 3520 E LOUISE DR MERIDIAN ID 83642			
						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	
DIRECTOR	MICHAEL J ROBINSON	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
PRESIDENT	LEE W PARSONS	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	HARMONEY R SCHROEDER	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
TREASURER	JOHN C DUFURRENA	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
SECRETARY	SCOTT B ARMSTRONG	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83604	
DIRECTOR	PHILLIP C AGRUSA	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	THEODORE W COLWELL	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: ID C 49340		6. Annual Report must be signed.* Signature: Nicole Brown Name (type or print): Nicole Brown					
		Date: 02/20/2013 Title: Executive Director					
Processed 02/20/2013 * Electronically provided signatures are accepted as original signatures.							