No. C 56197  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		D	ue no later than Aug 31, 2011	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PLASTIC SURGERY ASSOCIATES, P.A.  JOAN MALOFF STEPHEN M. MALOFF, M.D.  PO BOX 4948  POCATELLO ID 83205-4948  USA		1950 EAST C POCATELLO	STEPHEN M. MALOFF, M.D. 1950 EAST CLARK, SUITE A POCATELLO ID 83201  3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busine	ess Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	S. ANGIER WILLS		PO BOX 4948	POCATELLO	ID	USA	83205-4948	
SECRETARY	ETARY JOAN F MALOFF		PO BOX 4948	POCATELLO	ID	USA	83205-4948	
PRESIDENT	SIDENT STEPHEN M		PO BOX 4948	POCATELLO	ID	USA	83205-4948	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID		Signature: Joan F. Maloff			Date: 06/13/2011			
C 56197		Name (type	or print): Joan F. Maloff		Title: Secretary			
Processed 06/13/2011		* Flectronically	provided signatures are accepted as origina	l signatures				