

No. C 49340		Due no later than Apr 30, 2017 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	DARREN S PITTARD	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642
DIRECTOR	SCOTT B ARMSTRONG	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642
PRESIDENT	HARMONY R SCHROEDER	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642
SECRETARY	LEE W PARSONS	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83604
DIRECTOR	PHILLIP C AGRUSA	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642
TREASURER	BECKY S URANGA	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: 02/23/2017 Title: EXECUTIVE DIRECTOR				
Processed 02/23/2017		* Electronically provided signatures are accepted as original signatures.				