No. <b>C 121338</b>		Due no later than Oct 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	DAVID BU	Annual Report Form  1. Mailing Address: Correct in this box if needed.  DAVID BURICA, M.D., P.C.  DAVID G BURICA  311 HEIKKILA LN  MCCALL ID 83638		DAVID BURICA MD 311 HEIKKILA LN. MCCALL ID 83638			
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature:*			
4. Corporations: Enter Names and	d Business Addresse	s of President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT DAVII	) G BURICA	311 HEIKKILA LANE	MCCALL	ID	USA	83638	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
<b>ID</b> Signature		avid Burica Date: 11/07/2013					
C 121338	Name (ty	pe or print): David Burica		Title: Ceo			
Processed 11/07/2013	* Electronica	* Electronically provided signatures are accepted as original signatures.					