

No.

C 82598

## Annual Report Form

1995

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

\*\* FINAL NOTICE \*\*

Due No Later Than November 30,

1. Mailing Address - Please Correct, If Not Correct

IDAHO WELLNESS CENTER, P.A.  
MARTIN GABICA  
801 STILSON RD. #A

BOISE

ID 83703

MARTIN GABICA

801 STILSON RD. #A

BOISE

ID 83703

3. Organized Under the Laws of:

ID

C 82898

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President

Martin Gabica

801 Stilson

Boise

ID

83703

Secretary

Kristine Mors

"

"

Director

Steven Schneider

"

"

Director

Breana Adams

"

"

## 5. NATURE OF BUSINESS

MEDICAL OFFICE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date

11-4-96

Name (Typed or Printed)

Title

Martin Gabica

President

ISSUED: 10-05-1996

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