No. <b>C 161193</b>		Due no later than Jun 30, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  PEDIATRIC AND ADOLESCENT CENTER, INC. (THE) WILLIAM S BOURQUARD 6148 N DISCOVERY WAY SUITE 100 BOISE ID 83713 USA		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				DR WILLIAM BOURQUARD 6148 N DISCOVERY WAY SUITE 100 BOISE 83713  3. New 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
PRESIDENT	WILLIAM S	BOURQUARD, MD	6148 N DISCOVERY WAY SUITE 100	BOISE	ID	USA	83713								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID C 161193		Signature: Sara Wudarcki		Date: 04/17/2015											
		Name (type or print): Sara Wudarcki		Title: Office Manager											
Processed 04/17/2015		* Electronically provide	ed signatures are accepted as original sigr	natures.											