

No. C 84237	Due no later than Jun 30, 2010 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. WOMEN'S MEDICAL CLINIC, P.A. GERALD E CARLSON 2003 WEST CROOS CREEK DR NAMPA ID 83686	GERALD E CARLSON 2003 W CROSS CREEK DR NAMPA ID 83686	
		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
SECRETARY	SHERRON C CARLSON	2003 WEST CROSS CREEK DR	NAMPA ID USA 83686
5. Organized Under the Laws of: ID C 84237	6. Annual Report must be signed.* Signature: Sherron C Carlson Name (type or print): Sherron C Carlson		Date: 07/09/2010 Title: Sec/Treas
Processed 07/09/2010		* Electronically provided signatures are accepted as original signatures.	