

No. <b>C 168818</b>		<b>Due no later than Sep 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ECAREMD, INC. ROB MAIOROFF 1814 E 350 N ST ANTHONY ID 83445		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA	
				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
PRESIDENT	ROBERT MAIOROFF	1814 E 350 N	SAINT ANTHONY	ID	USA 83445
5. Organized Under the Laws of:  <b>ID C 168818</b>		6. Annual Report must be signed.* Signature: Robert Maioroff Name (type or print): Robert Maioroff Date: 11/30/2011 Title: Pres			
Processed 11/30/2011		* Electronically provided signatures are accepted as original signatures.			