

AMENDED ANNUAL REPORT



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OREGON SECRETARY OF STATE

REGISTRY NUMBER

49334980

REGISTRATION DATE

01/01/1996

BUSINESS NAME

GRANTS PASS CLINIC, L.L.P.

BUSINESS ACTIVITY

MEDICAL CLINIC

MAILING ADDRESS

495 SW RAMSEY AVE
GRANTS PASS OR 97527 USA

TYPE

DOMESTIC REGISTERED LIMITED LIABILITY PARTNERSHIP

PRIMARY PLACE OF BUSINESS

495 SW RAMSEY AVE
GRANTS PASS OR 97527 USA

JURISDICTION

OREGON

PARTNER

P BRUCE MURRAY

495 SW RAMSEY AVE
GRANTS PASS OR 97527 USA

PARTNER

BRUCE R STOWELL

495 SW RAMSEY AVE
GRANTS PASS OR 97527 USA



By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

CHRISTI SIEDLECKI

TITLE

CEO

DATE SIGNED

11-23-2015