State of New Hampshire
2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 04/07/2006
Business ID: 422678
William M. Gardner
Secretary of State

CYNTHIA M. BEAR, MD, PLLC

1245 WASHINGTON ROAD
RYE, NH 03870

ENTITY TYPE: PROFESSIONAL LLC
BUSINESS ID: 422678
STATE OF DOMICILE: NEW HAMPSHIRE
PRACTICE MEDICINE AS A SPECIALIST IN GYNECOLOGY AND SURGERY

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ADDRESS OF PRINCIPAL OFFICE:
1245 WASHINGTON ROAD
RYE, NH 03870

REGISTERED AGENT AND OFFICE:
CYNTHIA M. BEAR
1245 WASHINGTON ROAD
RYE, NH 03870

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Cynthia M. Bear, Md, PLLC
STREET 1245 WASHINGTON ROAD
CITY/STATE/ZIP Rye NH 03870
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.
All the members and managers are qualified persons with respect to the professional limited liability company.

Sign here: **CYNTHIA M. BEAR, MD, PLLC**

Please print name and title of signer: **CYNTHIA M. BEAR, MD, PLLC** / **MANAGER**
NAME TITLE

FEE DUE: **$125.00**

E-MAIL ADDRESS (OPTIONAL):

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529