

No. C 89800	Due no later than Jul 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX CHARLES A BROWN 324 MAIN ST LEWISTON, ID 83501
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 applicable: ONCOLOGY-HEMATOLOGY SPECIALISTS, P.A. MICHAEL T ROONEY 428 6TH AVE LEWISTON, ID 83501	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	MICHAEL T. ROONEY	428 6th AVE	LEWISTON	ID	83501
VICE-PRES/SEC.	SUSHMA PANT	428 6th AVE	LEWISTON	ID	83501
DIRECTOR	MICHAEL T. ROONEY				
DIRECTOR	SUSHMA PANT.				

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 89800 </div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Michael T. Rooney, M.D.</u></td> <td style="width: 40%;">Date <u>5-8-03</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>MICHAEL T. ROONEY</u></td> <td>Title <u>PRESIDENT</u></td> </tr> </table>	Signature <u>Michael T. Rooney, M.D.</u>	Date <u>5-8-03</u>	Name <small>(Typed or Printed)</small> <u>MICHAEL T. ROONEY</u>	Title <u>PRESIDENT</u>
Signature <u>Michael T. Rooney, M.D.</u>	Date <u>5-8-03</u>				
Name <small>(Typed or Printed)</small> <u>MICHAEL T. ROONEY</u>	Title <u>PRESIDENT</u>				