


No. C 90775	Due no later than November 30, 2007 Annual Report Form	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable	2. Registered Agent and Office NO PO BOX JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME, ID 83338
	FAMILY CARE PHYSICIANS, P.A. JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME, ID 83338	3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Brian Johnson, MD				
Vice president	James Lohmann, MD				
Secretary	Elizabeth Johnson, MD				
Treasurer	James Irwin, MD				

112 W 5th
Jerome, ID
83338

5. Organized Under the Laws of:
IDAHO
C 90775

6. Signature  Date 11/15/07
 Name (Typed or Printed) Brian L. Johnson Title President