

No. <b>C 90775</b>		<b>Due no later than Nov 30, 2013</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>  FAMILY CARE PHYSICIANS, P.A. JOHNNA BAILEY 112 FIFTH AVE WEST JEROME ID 83338 USA		JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME ID 83338			
				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	
VICE PRESIDENT	JAMES D. LOHMANN	112 5TH AVE WEST	JEROME	ID	USA	83338	
SECRETARY	JAMES S IRWIN	112 5TH AVE WEST	JEROME	ID	USA	83338	
PRESIDENT	JOSHUA W KERN	112 5TH AVE WEST	JEROME	ID	USA	83338	
5. Organized Under the Laws of:  <b>ID C 90775</b>		6. Annual Report must be signed.* Signature: Johnna Bailey Name (type or print): Johnna Bailey Date: 12/02/2013 Title: Office Manager					
Processed 12/02/2013		* Electronically provided signatures are accepted as original signatures.					