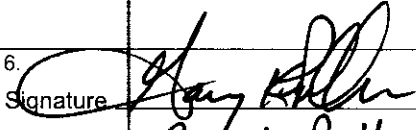


No. C 88221	Due no later than Dec 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		GARY K PULLEN 245 NORTH PLACER IDAHO FALLS, ID 83401 3. <u>New</u> Registered Agent Signature																								
	PRESCRIPTION CENTER HOME CARE, INC. GARY K PULLEN 245 NORTH PLACER IDAHO FALLS, ID 83401																										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>President Gary K. Pullen</td> <td>188 Springwood Circle</td> <td>Idaho Falls,</td> <td>ID.</td> <td>83404</td> </tr> <tr> <td></td> <td>Vice</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>President Stacy Pullen</td> <td>188 Springwood Circle</td> <td>Idaho Falls,</td> <td>ID.</td> <td>83404</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		President Gary K. Pullen	188 Springwood Circle	Idaho Falls,	ID.	83404		Vice						President Stacy Pullen	188 Springwood Circle	Idaho Falls,	ID.	83404
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5. Organized Under the Laws of: IDAHO C 88221		6.  Signature _____ Date <u>10-9-01</u> Name (Typed or Printed) <u>Gary K. Pullen</u> Title <u>President</u>																									