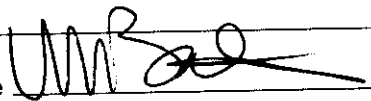


No. <b>C 113250</b>	<b>Due no later than January 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>		DICK RANT 3212 N MAPLE GROVE RD BOISE, ID 83702  3. <u>New</u> Registered Agent Signature																		
	MAPLE GROVE FAMILY HEALTH CARE, P.A. 3212 N MAPLE GROVE RD BOISE, ID 83704																				
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>Pres.</td> <td>WADE M. Bateman</td> <td>3212 N Maple Grove Rd</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Pres.</td> <td>William L Loveland</td> <td>3212 N. Maple Grove Rd</td> <td>Boise</td> <td>ID</td> <td>83704</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>	Pres.	WADE M. Bateman	3212 N Maple Grove Rd	Boise	ID	83704	Pres.	William L Loveland	3212 N. Maple Grove Rd	Boise	ID	83704
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5. Organized Under the Laws of:  IDAHO C 113250	6. Signature  Date _____ Name (Typed or Printed) <u>WADE M Bateman, MD</u> Title <u>President</u>																				