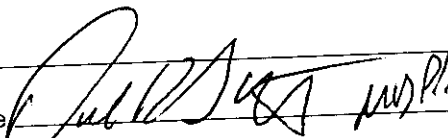


No. C 45730	Due no later than Jul 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX DONALD K STOTT MD PA 287 W JEFFERSON ST BOISE, ID 83702						
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CARDIOVASCULAR DISEASE CLINIC, CHAR DONALD K. STOTT, M.D. 287 W JEFFERSON BOISE, ID 83702		3. <u>New</u> Registered Agent Signature						
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.									
<u>Office held</u> PRESIDENT	<u>Name</u> DONALD K. STOTT, MD	<u>Street or P.O. Address</u> 287 W. JEFFERSON	<table border="1"> <thead> <tr> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>	<u>City</u>	<u>State</u>	<u>Zip</u>	BOISE	ID	83702
<u>City</u>	<u>State</u>	<u>Zip</u>							
BOISE	ID	83702							
5. Organized Under the Laws of: IDAHO C 45730		6. Signature  Date: 06-14-01 Title: PRESIDENT Name (Type or Printed): DONALD K. STOTT, M.D. P.A.							