No. C 169870	Due no later than Nov 30, 2007	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	TODD STORMS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	2767 HONEYSUCKLE RD IDAHO FALLS ID 83406			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PHYSICAL THERAPY MANAGEMENT SERVICES INC TODD STORMS 2767 HONEYSUCKLE RD	3. New Registered Agent Signature:*			
	IDAHO FALLS ID 83406				
NO FILING FEE IF RECEIVED BY DUE DATE					
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
PRESIDENT TODD STORMS 2767 HONEYSUCKLE RD		IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Todd Storms	Date: 09/18/2007			
C 169870	Name (type or print): Todd Storms	Title: President			
Processed 09/18/2007	* Electronically provided signatures are accepted as original signatures.				