No. C 43599		Due no later than Apr 30, 2012			2. Registered Agent and Address (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		Annual Report Form			ROHN HOLLMAN			
		1. Mailing Address: Correct in this box if needed. REXBURG MEDICAL CENTER PROFESSIONAL ASSOCIATION C JEFFREY ZOLLINGER 39 PROFESSIONAL PLAZA		TION	393 E 2 N REXBURG ID 83440			
		REXBURG ID 83440			3. New Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busir	ness Addresses of	President, Secretary, and Directors. Trea	asurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	JEFFERY ZO	DLLINGER	393 E 2 N		REXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 43599		Signature: Jeffery Zollinger			Date: 02/09/2012			
		Name (type or print): Jeffery Zollinger			Title: President			
Processed 02/09/2012	sed 02/09/2012 * Electronically provided signatures are accepted as original signatures.							