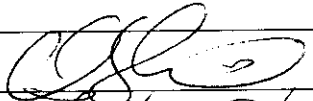
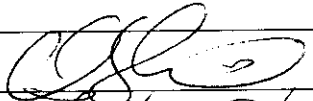
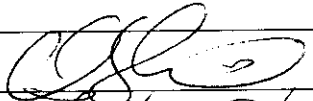


No. C 74512	Due no later than Dec 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX CHRISTOPHER SCHOLES, MD 526 A SHOUP AVE WEST TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1 Mailing Address - Correct in this box, if applicable PROFESSIONAL PLAZA, INC. 526A SHOUP AVE W TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Professional Plaza President		526A Shoup Ave W.	Twin Falls	ID	83301

5. Organized Under the Laws of: IDAHO C 74512	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date 10/11/01 </td> </tr> <tr> <td> Name (Typed or Printed) Chris Scholes MD </td> <td> Title President </td> </tr> </table>	Signature 	Date 10/11/01	Name (Typed or Printed) Chris Scholes MD	Title President
Signature 	Date 10/11/01				
Name (Typed or Printed) Chris Scholes MD	Title President				