

No. W 509

Due no later than September 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PHYSICIAN CENTER, A PROFESSIONAL CO
D KURT SEPPi MD
630 ADDISON AVE W STE 100
TWIN FALLS, ID 83301

D KURT SEPPi, M.D.
630 ADDISON AVE W STE 100
TWIN FALLS, ID 83301

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Managers.

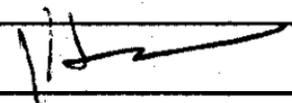
Office held Name Street or P.O. Address City State Zip

President D. Kurt Seppi 630 Addison Ave W. Suite 100
Twin Falls, ID 83301

5. Organized Under the Laws of:

IDAHO
W 509

6.

Signature 

Date

Name (Typed or Printed)

D. Kurt Seppi M.D.

Title

President