

No. C 65527

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

PETER C ZIMMERMAN
1449 E 17TH ST
IDAHO FALLS, ID 834013. New Registered Agent SignatureReturn to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

PETER C. ZIMMERMAN, M.D. P.A.
PETER C. ZIMMERMAN
P.O. BOX 2171
IDAHO FALLS, ID 83401NO FILING FEE IF
RECEIVED BY DUE DATE

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

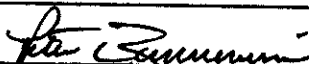
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Peter C Zimmerman MD	PO Box 2171	Idaho Falls,	Idaho	83404

5. Organized Under the Laws of:

IDAHO
C 65527

6.

Signature



Date

10/20/08

Name

(Typed or
Printed)

Peter C Zimmerman MD

Title

President

Issued 10/01/2008

Do Not Tape or Staple

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