No. **C 143107**	**Due no later than Mar 31, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** TAYLOR PHYSICAL THERAPY, P.C. MARK S TAYLOR 3800 TAYLOR VIEW LANE IDAHO FALLS ID 83406	MARK S TAYLOR 3800 TAYLORVIEW LN AMMON ID 83406 3. New Registered Agent Signature:*

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	MARK S TAYLOR	3800 TAYLORVIEW LANE	IDAHO FALLS	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 143107**	Signature: Mark S Taylor	Date: 01/22/2016
	Name (type or print): Mark S Taylor	Title: Owner

Processed 01/22/2016

* Electronically provided signatures are accepted as original signatures.