No. <b>C 63975</b>		Due no later than May 31, 2009 Annual Report Form		2. Registered	Registered Agent and Address (NO PO BOX)     MICHAEL J. COUGHLIN, M.D.			
Return to:				10.000 to 10.000				
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.  MICHAEL J. COUGHLIN, M.D., P.A.  MICHAEL J COUGHLIN  901 N. CURTIS RD, STE 503  BOISE ID 83706  USA		10 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	901 N. CURTIS RD, STE. 503 BOISE ID 83706			
				BOISE ID				
				3. <u>New</u> Regis	3. New Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busi	ness Addresses of P	resident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	KIRSTEN COUGHLIN		901 N CURTIS ROAD, STE 503	BOISE	ID	USA	83706	
PRESIDENT	MICHAEL J	COUGHLIN	901 N CURTIS ROAD, STE 503	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael J Coughlin, MD Date: 06/15/2009					9	
C 63975		Name (type or print): Michael J Coughlin, MD			Title: President			
Processed 06/15/2009		- Table 1992	ovided signatures are accepted as original s					