No. <b>C 131778</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PROACTIVE PHYSICAL THERAPY, P.C. RAULAN YOUNG 2311 PARKE AVE STE #2		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				2311 PARKI BURLEY ID	RAULAN YOUNG M.P.T. 2311 PARKE AVE STE #2 BURLEY ID 83318  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		USA  ess Addresses of President, Secretary, and Directors. Treasurer (		asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RAULAN YC	DUNG	1123 E. 16TH ST.	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Raulan Young			Date: 01/09/2012			
C 131778		Name (type	or print): Raulan Young		Title: President			
Processed 01/09/2012	* Electronically provided signatures are accepted as original signatures.							