

No. C 162410		Due no later than Sep 30, 2007 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. PHARMACY DOCTORS, INC. (THE) SAMUEL A HOAGLAND 1471 SHORELINE DR STE 100 BOISE ID 83702		SAMUEL A HOAGLAND 1471 SHORELINE DR STE 100 BOISE ID 83702			
						3. <u>New</u> 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	
SECRETARY	MARK A FILICETTI	C/O ST. LUKE'S REG. MED. CTR. 190 EAST BANNOCK	BOISE	ID	USA	83712	
PRESIDENT	SAMUEL A HOAGLAND	SHORELINE CENTER, SUITE 100 1471 SHORELINE DRIVE	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 162410		6. Annual Report must be signed.* Signature: Samuel A. Hoagland Name (type or print): Samuel A. Hoagland					
		Date: 07/11/2007 Title: President					
Processed 07/11/2007 * Electronically provided signatures are accepted as original signatures.							