No. C 133905		Due no later than May 31, 2017	2. Registered Agent and Address (NO PO BOX) PATRICK J ZAK 409 S THIRD ST STE C MCCALL ID 83638 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PRO-ACTIVE PHYSICAL THERAPY OF MCCALL, P.A. PATRICK J ZAK PO BOX 2041				
		MCCALL ID 83638				
4. Corporations: Enter Nan	mes and Busine	ss Addresses of President, Secretary, and Directors. Treasurer ((optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY PRESIDENT	TERRI E ZAK PATRICK J Z		MCCALL MCCALL	ID ID	USA USA	83638 83638
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Megan Hampton	Date: 03/20/2017			
C 133905		Name (type or print): Megan Hampton	Title: Office Manager			
Processed 03/20/2017 * Electronically provided signatures are accepted as original signatures.						