

No. C 59941

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CHARLES B. GREENE, M.D., A PROFESSI
CHARLES B. GREENE, M.D.
547 RIDGE DRIVE
NAMPA, ID 83686

CHARLES B. GREENE, M.D.
547 RIDGE DRIVE
NAMPA, ID 83686

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Charles B. Greene MD	547 Ridge Dr	NAMPA	ID	83686

5. Organized Under the Laws of:
IDAHO
C 59941

6. Signature Charles B. Greene MD Date 10/15/07
Name (Typed or Printed) Charles B. Greene MD Title President