No. C 119149		Due no later than Apr 30, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PHYSICIANS PRIMARY CARE CENTER, INC. PAUL J SNYDER MD 400 E 7TH ST WEISER ID 83672		PAUL J SNYDER 400 E 7TH ST WEISER ID 83672 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		oss Addrassas of Procidor	at Sacratary and Directors Trea	ocuror (antional)			
Office Held	Name	ess Addresses of Fresider	Street or PO Address	isurer (City	State	Country	Postal Code
PRESIDENT SECRETARY	PAUL J SNYDER VICTOR ISHIDA		915 SW 3RD AVE 1059 SW 3RD AVE		ONTARIO ONTARIO	OR OR	USA USA	97914 97914
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR C 119149		Signature: Barrett Morris Name (type or print): Barrett Morris			Date: 05/08/2009 Title: Business Manager			
Processed 05/08/2009 * Electronically provided signatures are accepted as original signatures.								