

C 88221
No.

Due no later than December 31, 2005

Annual Report Form

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 applicable

PREScription CENTER HOME CARE, INC.
GARY K PULLEN
2250 CORONADO ST
IDAHO FALLS, ID 83404

2. Registered Agent and Office **NO PO BOX**

GARY K PULLEN
X245 NORTH PLACER
XIRANO FAKUSK ID 83404

2550 Coronado St.
Idaho Falls, ID 83404

3. New Registered Agent Signature

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

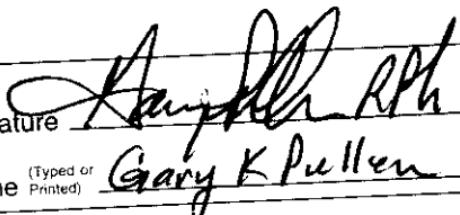
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Gary K. Pullen	188 Springwood Lane	Idaho Falls	Idaho	83404
Vice President	Stacy Pullen	188 Springwood Lane	Idaho Falls	Idaho	83404

5. Organized Under the Laws of:

IDAHO
C 88221

6.
Signature

Name (Typed or Printed)



Date 11-22-05

Title President

200512004773