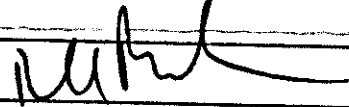


No. C 122119		Due no later than December 31, 2007	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form	
NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable DONALD PAUL WORKMAN, M.D., P.A. 496-D SHOUP AVE WEST TWIN FALLS, ID 83301	
		2. Registered Agent and Office NO PO BOX DONALD PAUL WORKMAN 496-D SHOUP AVE W TWIN FALLS, ID 83301	
		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>
	<i>same as above</i>		
<i>PRESIDENT</i>	<i>DONALD P. WORKMAN M.D.-PA.</i>	<i>496-D Shoup Ave West</i>	<i>TWIN FALLS, ID 83301</i>
5. Organized Under the Laws of: IDAHO C 122119		6.	
		Signature 	
		Date <i>10/21/07</i>	
		Name (Typed or Printed) <i>DR. DONALD PAUL WORKMAN M.D. PA.</i>	
		Title <i>GENERAL SURGEON</i>	
Issued 10/01/2007		200712002409	

Do Not Tape or Staple