

No. C 119366	Due no later than May 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. STEVEN E. OZERAN, M.D., P.A. STEVEN E OZERAN 1630 23RD AVE #901 A LEWISTON ID 83501		STEVEN E OZERAN 3326 4TH STE 6B LEWISTON ID 83501			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	STEVEN E OZERAN	1630 23RD AVENUE, SUITE 901A	LEWISTON	ID	USA	83501
SECRETARY	STEPHANIE N OZERAN	1630 23RD AVENUE, SUITE 901A	LEWISTON	ID	USA	83501
PRESIDENT	STEVEN E OZERAN	1630 23RD AVENUE, SUITE 901A	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID C 119366	6. Annual Report must be signed.* Signature: Steven E. Ozeran, M.D. Name (type or print): Steven E. Ozeran, M.D.		Date: 05/18/2009 Title: President			
Processed 05/18/2009		* Electronically provided signatures are accepted as original signatures.				