No. C 136140	Due no later than Oct 31, 2007	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	DAVID ANDREW GARRITY MD
SECRETARY OF STATE	1. Mailing Address: Correct in this box if ne	eded. 3777 WOOD HAVEN IDAHO FALLS ID 83404
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GARRITY EMERGENCY SERVICES P.A. DAVID A. GARRITY 3777 WOOD HAVEN	יסידכט ען צבורא ו טוואען
	IDAHO FALLS ID 83404	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE	USA	
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
PRESIDENT DAVID	A GARRITY 3777 WOODHAVEN LN.	IDAHO FALLS, ID ID USA 83404
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: David A. Garrity, M.D.	Date: 12/31/2007
C 136140	Name (type or print): David A. Garrity, M.D.	Title: President
Processed 12/31/2007 * Electronically provided signatures are accepted as original signatures.		