

No. C 117522

Due no later than December 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CORALYN J. ALEXANDER, M.D., P.A.  
748 FALLS VIEW DR  
TWIN FALLS, ID 83301

CORALYN J ALEXANDER  
748 FALLS VIEW DR  
TWIN FALLS, ID 83701

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	Coralyn Alexander MD	748 Falls View Dr	TF	ID	83301
Secretary/ Treasurer	Janet Roe CPA	722 N College Rd	TF	ID	83301

5. Organized Under the Laws of:

IDAHO  
C 117522

6.

Signature

CAlexander MD

Date

10/18/08

Name

(Typed or  
Printed)

CAlexander MD

Title

President