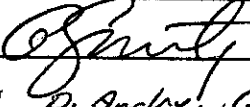


No. C 136140	Due no later than October 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable GARRITY EMERGENCY SERVICES P.A. 3777 WOOD HAVEN IDAHO FALLS, ID 83404		DAVID ANDREW GARRITY MD 3777 WOOD HAVEN IDAHO FALLS, ID 83404												
			3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>D. Andrew Garrity M.D.</td> <td>3777 Wood Haven Ln</td> <td>IF</td> <td>Idaho</td> <td>83404</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	D. Andrew Garrity M.D.	3777 Wood Haven Ln	IF	Idaho	83404
Office held	Name	Street or P.O. Address	City	State	Zip										
President	D. Andrew Garrity M.D.	3777 Wood Haven Ln	IF	Idaho	83404										
5. Organized Under the Laws of: IDAHO C 136140		6. Signature <u></u> Date _____ Name (Typed or Printed) <u>D. Andrew Garrity MD</u> Title <u>President</u>													

Issued 08/01/2006

Do Not Tape or Staple

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