

No. C 119366

Due no later than May 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

STEVEN E. OZERAN, M.D., P.A.
STEVEN E OZERAN
1630 23RD AVE #901A
LEWISTON, ID 83501STEVEN E OZERAN
3326 4TH STE 6B
LEWISTON, ID 83501NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

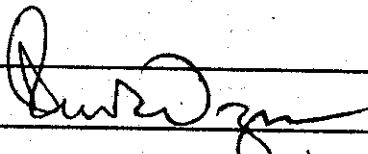
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Steven E Ozeran MD	7525 1st Ave 1630 23rd Ave #901A	Lewiston	ID	83501
Secretary	Stephanie Ozeran	"	"	"	"

5. Organized Under the Laws of:
IDAHO
C 119366

6.

Signature



Date

5-20-08

Name

(Typed or
Printed)

STEVEN E OZERAN MD

Title

PRESIDENT

Issued 03/03/2008

Do Not Tape or Staple

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