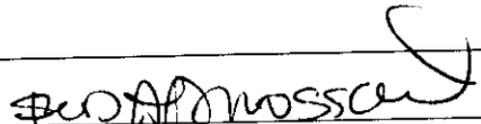


No. C 129862	Due no later than Jul 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NEUROSCIENCE CENTER, P.C. (THE) IRIS ALICIA BROSSARD 2860 CHANNING WAY STE 117 2088 E 25th IDAHO FALLS, ID 83404	IRIS ALICIA BROSSARD 2860 CHANNING WAY STE 117 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">President</td> <td style="text-align: center;">Iris A. Brossard M.D.</td> <td style="text-align: center;">2088 E 25th</td> <td style="text-align: center;">Idaho Falls</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83404</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Iris A. Brossard M.D.	2088 E 25th	Idaho Falls	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Iris A. Brossard M.D.	2088 E 25th	Idaho Falls	ID	83404									
5. Organized Under the Laws of: IDAHO C 129862	6. Signature  Date 5-9-02 Name <small>(Typed or Printed)</small> Iris A Brossard MO Title President													