

|  |                   |   |       |  |         |             |  |
|--|-------------------|---|-------|--|---------|-------------|--|
| No. <b>C 162410</b>  |                   | <b>Due no later than Sep 30, 2006</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>PHARMACY DOCTORS, INC. (THE)<br>SAMUEL A HOAGLAND<br>1471 SHORELINE DR STE 100<br>BOISE ID 83702 |       | SAMUEL A HOAGLAND<br>1471 SHORELINE DR STE 100<br>BOISE ID 83702 |         |             |  |
|  |                   |   |       | 3. <u>New</u> Registered Agent Signature:*                       |         |             |  |
| 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 |  |
| SECRETARY  | MARK A FILICETTI  | C/O ST. LUKES REG. MED. CTR. 190<br>EAST BANNOCK  | BOISE | ID   | USA     | 83712       |  |
| PRESIDENT  | SAMUEL A HOAGLAND | SHORELINE CENTER, SUITE 100 1471<br>SHORELINE DRIVE   | BOISE | ID   | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>C 162410</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Samuel A. Hoagland<br>Name (type or print): Samuel A. Hoagland<br>Date: 07/07/2006<br>Title: President        |       |  |         |             |  |
| Processed 07/07/2006   |                   | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |