

No. C 12 207

Due no later than November 30, 2008
Annual Report Form

2. Registered Agent and Office

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

CAPITAL CITY FAMILY MEDICINE, P.A.
IDALYN CYPRUS
1520 W STATE ST STE 100
BOISE, ID 83702IDALYN CYPRUS
1520 W STATE ST STE 100
BOISE, ID 83702NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

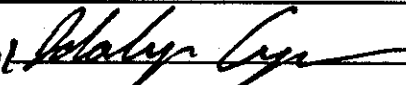
Office held	Name	Street or P.O. Address	City	State	Zip
President	Idalyn Cyprus	1520 W. State Street Suite 100	Boise	ID	83702
Vice President	Laurie Ashby	"	"	"	"
Secretary	William Jonakin	"	"	"	"
Treasure	Wajeeh Nasser	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 126207

6.

Signature



Date

9/18/08

Name (Typed or Printed)

Idalyn Cyprus

Title

MD