

No. C 149012	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX CLINTON MALLARI 1619 N WIMBLEDON PL EAGLE, ID 83616
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 CENTER FOR PAIN CARE, P.A. CLINTON MALLARI 1619 N WIMBLEDON PL 970 N. Hihonhead EAGLE, ID 83616 Eagle, Id 83616		3. 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>		
Pres.	CLINTON MALLARI	115 W. MAIN ST. STE 102	Boise
ID	83702		
5. Organized Under the Laws of: IDAHO C 149012		6. Signature <u>Clinton Mallari</u> Date <u>3-25-05</u> Name <small>(Typed or Printed)</small> <u>CLINTON MALLARI</u> Title <u>OFFICE MGR</u>	