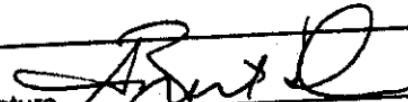


<p>No. W 54130</p> <p>Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>		<p>Due no later than September 30, 2007 Annual Report Form</p> <p>1. Mailing Address - Correct in this box, if applicable</p> <p>PETFIRST HEALTHCARE LLC 350 MISSOURI AVE STE 100 JEFFERSONVILLE, IN 47130</p>		<p>2. Registered Agent and Office NO PO BOX</p> <p>CT CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83702</p>													
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers.</p> <table> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>A. BRENT HOWARD</td> <td>350 MISSOURI AVENUE, SUITE 100</td> <td>JEFFERSONVILLE</td> <td>IN</td> <td>47130</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>	Manager	A. BRENT HOWARD	350 MISSOURI AVENUE, SUITE 100	JEFFERSONVILLE	IN	47130
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<p>5. Organized Under the Laws of:</p> <p>KENTUCKY W 54130</p>		<p>6.  Signature <u>A. Brent Howard</u> Name <small>(Typed or Printed)</small> <u>A. Brent Howard</u></p> <p>Date <u>9-4-07</u> Title <u>Doctor</u></p>															
<p>Do Not Tape or Staple</p> <p>2007090068</p>																	
<p>Issued 07/02/2007</p>																	