

No. C 90775		Due no later than Nov 30, 2011		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY CARE PHYSICIANS, P.A. JOHNNA BAILEY 112 FIFTH AVE WEST JEROME ID 83338 USA		JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME ID 83338			
				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	JOSHUA W KERN	112 FIFTH AVE WEST	JEROME	ID	USA	83338	
TREASURER	JAMES D LOHMANN	112 FIFTH AVE WEST	JEROME	ID	USA	83338	
PRESIDENT	JAMES S IRWIN	112 FIFTH AVE WEST	JEROME	ID	USA	83338	
5. Organized Under the Laws of: ID C 90775		6. Annual Report must be signed.* Signature: Johnna Bailey Name (type or print): Johnna Bailey Date: 09/28/2011 Title: Office Manager					
Processed 09/28/2011		* Electronically provided signatures are accepted as original signatures.					