No. C 78437		Due no later than Apr 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. DOCTORS MAGNETIC RESONANCE, INC. THOMAS E HENSON MD 949 N CURTIS RD BOISE ID 83706		2. Registered	2. Registered Agent and Address (NO PO BOX) THOMAS E HENSON MD 949 N CURTIS RD BOISE ID 83706 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				949 N CURT BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	ames and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ANDREW CL	IRRAN	949 N CURTIS ROAD	BOISE	ID	USA	83706	
DIRECTOR	DAVID GILES	5	949 N CURTIS ROAD	BOISE	ID	USA	83706	
SECRETARY	ANNE CURR	AN	949 N CURTIS ROAD	BOISE	ID	USA	83706	
PRESIDENT	THOMAS HE	INSON	949 N CURTIS ROAD	BOISE	ID	USA	83706	
TREASURER	Jack Havli	N A	949 N CURTIS ROAD	BOISE	ID	USA	83706	
DIRECTOR	JAMES PRO	CHASKA	949 N CURTIS ROAD	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Stephanie Thompson			Date: 04/26/2011			
C 78437		Name (type or print): Stephanie Thompson			Title: Accountant			
Processed 04/26/2011 * Electronically provided signatures are accepted as original signatures.								