No. **C 117522**	**Due no later than Dec 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** CORALYN J. ALEXANDER, M.D., P.A. CORALYN J ALEXANDER 748 FALLS VIEW DR TWIN FALLS ID 83301 USA	CORALYN J ALEXANDER 748 FALLS VIEW DR TWIN FALLS ID 83701 3. New 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	JANET ROE	722 NORTH COLLEGE ROAD	TWIN FALLS	ID	USA	83301
PRESIDENT	CORALYN J ALEXANDER	748 FALLS VIEW DRIVE	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 117522**	Signature: Coralyn Alexander	Date: 10/18/2009
	Name (type or print): Coralyn Alexander	Title: President

Processed 10/18/2009

* Electronically provided signatures are accepted as original signatures.