C

Fold, seal and mail this portion.

No. C 136505

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than December 31, 2006
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

LAKE CITY OPHTHALMOLOGY, P.A.
ROBERT L MULVIHILL MD
2294 HAYDEN VIEW DR
COEUR D ALENE, ID 83815

2. Registered Agent and Office **NO PO BOX**

ROBERT L MULVIHILL MD
2294 HAYDEN VIEW DR
COEUR D ALENE, ID 83815

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President,	Robert Mulvihill MD	2294 Hayden View	Coeur d'Alene,	ID,	83815
Treasurer,	Susi Mulvihill MD	2294 Hayden View Dr,	Coeur d'Alene	ID	83815

5. Organized Under the Laws of:

IDAHO
C 136505

6.
Signature _____ Date 10/24/06
Name (Typed or Printed) Robert Mulvihill Title President

Issued 10/02/2006

Do Not Tape or Staple

200612008883