

No. C 113719		Due no later than Feb 29, 2016		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. LAKE CITY PHYSICAL THERAPY, P.A. SHEREE L DIBIASE 2170 IRONWOOD CENTER DR COEUR D'ALENE ID 83814		SHEREE L DIBIASE 2170 IRONWOOD CENTER DR COEUR D'ALENE ID 83814			
				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	GREG D SCHNEIDER	14953 E. HAYDEN LAKE RD	HAYDEN LAKE	ID	USA	83835	
PRESIDENT	SHEREE LYNN DIBIASE	14953 E. HAYDEN LAKE ROAD	HAYDEN LAKE	ID	USA	83835	
5. Organized Under the Laws of: ID C 113719		6. Annual Report must be signed.* Signature: Sheree DiBiase Name (type or print): Sheree DiBiase Date: 12/22/2015 Title: President					
Processed 12/22/2015		* Electronically provided signatures are accepted as original signatures.					