

No. 014072	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 88 NOV 3 AM 9 28	Due No Later Than November 1, 1988		C T CORPORATION SYSTEM 300 NORTH SIXTH STREET BOISE, IDAHO 83701																									
	1. Mailing Address — Please Correct 014072																											
	OUTPATIENT TREATMENT CENTERS, IN DANIEL J. FOGARTY 1919 N. FAIRVIEW, #108 SANTA ANA, CA 92706		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JERRY D. NILSSON, MD</td> <td>1919 N. FAIRVIEW,</td> <td>SANTA ANA,</td> <td>CA</td> <td>92706</td> </tr> <tr> <td>Secretary:</td> <td>DANIEL J. FOGARTY</td> <td>1919 N. FAIRVIEW,</td> <td>SANTA ANA,</td> <td>CA</td> <td>92706</td> </tr> <tr> <td>Directors:</td> <td colspan="5">SAME</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	JERRY D. NILSSON, MD	1919 N. FAIRVIEW,	SANTA ANA,	CA	92706	Secretary:	DANIEL J. FOGARTY	1919 N. FAIRVIEW,	SANTA ANA,	CA	92706	Directors:	SAME				
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<div style="text-align: center;">             ENTERED              NOV 09 1988           </div>																												
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
MEDICAL		Signature <u><i>Daniel J. Fogarty</i></u> Date <u>10-31-88</u> Name (Typed or Printed) DANIEL J. FOGARTY Title SECRETARY																										