

No. C 113719

Due no later than February 29, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

LAKE CITY PHYSICAL THERAPY, P.A.
SHEREE L DIBIASE
2170 IRONWOOD CENTER DR
COEUR D'ALENE, ID 83814

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2170 IRONWOOD CENTER DR
COEUR D'ALENE, ID 83814

NO FILING FEE IF
RECEIVED BY DUE DATE

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	Sheree Dibiase	14953 E. Hayden Lake Rd	Hayden	ID	83835
Secretary	Greg Schneider	14953 E Hayden Lake Rd	Hayden	ID	83835

5. Organized Under the Laws of:

IDAHO
C 113719

6.

Signature

Sheree Dibiase

Date

1/9/08

Name (Typed or Printed)

Sheree Dibiase

Title

President