No. **C 113719**	**Due no later than Feb 28, 2010** **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.** 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. 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
PRESIDENT	SHEREE L DIBIASE	14953 E. HAYDEN LAKE RD	HAYDEN LAKE	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 113719**	Signature: Sheree DiBiase	Date: 03/05/2010
	Name (type or print): Sheree DiBiase	Title: President

Processed 03/05/2010

* Electronically provided signatures are accepted as original signatures.