| No. <b>W 78354</b>   |               | Due no later than Oct 31, 2011   |                                       |   | 2. Registered Agent and Address (NO PO BOX) |                       |         |             |  |
|--|---------------|--|---------------------------------------|---|---|-----------------------|---------|-------------|--|
| Return to:   |               | Annual Report Form   |                                       | STEPHEN G VINCENT 2353 CORONADO ST IDAHO FALLS ID 83404 |   |                       |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |               | 1. Mailing Address: Correct in this box if needed.                                   |                                       |   |   |                       |         |             |  |
|  |               | IDAHO FALLS MULTIPLE SCLEROSIS CENTER, PLLC<br>STEPHEN G VINCENT<br>2353 CORONADO ST |                                       |   |   |                       |         |             |  |
|  |               | IDAHO FALLS ID 83404   |                                       | 3. <u>New</u> Registered Agent Signature:*              |   |                       |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |               |  |                                       |   |   |                       |         |             |  |
| 4. Limited Liability Companie  | es: Enter Nar | mes and Address  | es of at least one Member or Manager. |   |   |                       |         |             |  |
| Office Held  | Name          |  | Street or PO Address                  |   | City  | State                 | Country | Postal Code |  |
| MEMBER TOBIE M VI  |               | NCENT  | 2353 CORONADO ST                      |   | IDAHO FALLS                                 | ID                    | USA     | 83404       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |                                       |   |   |                       |         |             |  |
| ID<br>W 78354  |               | Signature: Stephen G. Vincent, MD  |                                       |   |   | Date: 08/18/2011      |         |             |  |
|  |               | Name (type or print): Stephen G. Vincent, MD   |                                       |   |   | Title: President, CEO |         |             |  |
| Processed 08/18/2011 * Electronically provided signatures are accepted as original signatures. |               |  |                                       |   |   |                       |         |             |  |