

No. C 90775	Due no later than November 30, 2003 Annual Report Form		2. Registered Agent and Office 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 applicable FAMILY CARE PHYSICIANS, P.A. JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME, ID 83338		JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME, ID 83338																								
	JEROME, ID 83338		3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</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>David Arthur DO</td> <td>1125th Ave W</td> <td>Jerome</td> <td>ID</td> <td>83338</td> </tr> <tr> <td>Secretary</td> <td>James Lohmann</td> <td>MO</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Treasurer</td> <td>James Lohmann</td> <td>MO</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	David Arthur DO	1125 th Ave W	Jerome	ID	83338	Secretary	James Lohmann	MO	"	"	"	Treasurer	James Lohmann	MO	"	"	"
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5. Organized Under the Laws of: IDAHO C 90775	6. Signature <u>David Arthur DO</u> Date <u>10-22-03</u> <u>office manager</u>																										