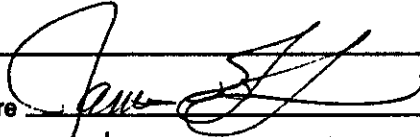


No. C 90775	Due no later than November 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME, ID 83338
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable FAMILY CARE PHYSICIANS, P.A. JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME, ID 83338		3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President -	James Lohmann	112 5th Ave W. Jerome, ID 83338	
VP -	James Irwin		
Sec -	Brian Johnson		
Treas -	Elizabeth Johnson		
5. Organized Under the Laws of: IDAHO C 90775		6. Signature  Date <u>10-28-08</u> Name <small>(Typed or Printed)</small> <u>James D. Lohmann</u> Title <u>President</u>	