

No. C 117522

Due no later than December 31, 2007

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

CORALYN J. ALEXANDER, M.D., P.A.
748 FALLS VIEW DR
TWIN FALLS, ID 83301CORALYN J ALEXANDER
748 FALLS VIEW DR
TWIN FALLS, ID 83701NO FILING FEE IF
RECEIVED BY DUE DATE3. New 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	Coralyn Alexander MD	748 Falls View Dr	Twin Falls	ID	83301
Secretary	Jamet Roe CPA CVA	222 N College Rd PO Box 5399	Twin Falls	ID	83301
Treasurer					

5. Organized Under the Laws of:

IDAHO
C 117522

6.

Signature

C Alexander MD

Date

10/07/07

Name (Typed or Printed)

C Alexander MD

Title

President

Issued 10/01/2007

Do Not Tape or Staple

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