

No. <b>W 509</b>		<b>Due no later than Sep 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PHYSICIAN CENTER, A PROFESSIONAL COMPANY STEVEN KOHTZ MD 730 N COLLEGE RD STE A TWIN FALLS ID 83301		STEVEN KOHTZ MD 730 N COLLEGE RD STE A TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	STEVEN KOHTZ	730 NORTH COLLEGE ROAD	TWIN FALLS	ID	USA	83301	
MANAGER	BRIAN JOHNS	775 POLE LINE ROAD WEST	TWIN FALLS	ID	USA	83301	
MANAGER	JENNIFER PREUCIL	2550 ADDISON AVE E	TWIN FALLS	ID	USA	83301	
MANAGER	JOHN F. TROTTER, JR. M.D.	775 POLE LINE ROAD WEST	TWIN FALLS	ID	USA	83301	
MEMBER	MITCHELL MOFFITT	775 POLE LINE ROAD WEST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID W 509</b>		6. Annual Report must be signed.*  Signature: Steven Kohtz Name (type or print): Steven Kohtz  Date: 08/15/2012 Title: Manager					
Processed 08/15/2012		* Electronically provided signatures are accepted as original signatures.					