No. C 133905		Due no later than May 31, 2010	2. Registered Agent and Address (NO PO BOX) PATRICK J ZAK 409 SOUTH THIRD SUITE C MCCALL ID 83638 3. New Registered Agent Signature:*				
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		PRO-ACTIVE PHYSICAL THERAPY OF MCCALL, P.A. PATRICK J ZAK PO BOX 2041 MCCALL ID 83638					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Corporations: Enter Names	s and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held N	lame	Street or PO Address	City	State	Country	Postal Code	
SECRETARY T	erri e zai	PO BOX 2041	MCCALL	ID	USA	83638	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Patrick J. Zak	Date: 04/11/2010				
C 133905		Name (type or print): Patrick J. Zak	Title: Ceo				
Processed 04/11/2010	* Electronically provided signatures are accepted as original signatures.						