

No. C 158780		Due no later than Feb 28, 2017		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FULL FUNCTION PHYSICAL THERAPY SERVICES, P.A. TROY WILLIAMS 953 N 900 E SHELLEY ID 83274		TROY WILLIAMS 953 N 900 E SHELLEY ID 83274			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	PATRICE WILLIAMS	953 N. 900 E.	SHELLEY	ID	USA	83274	
PRESIDENT	TROY D. WILLIAMS	953 N. 900 E.	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of: ID C 158780		6. Annual Report must be signed.* Signature: Troy Williams Name (type or print): Troy Williams Date: 12/22/2016 Title: Officer					
Processed 12/22/2016		* Electronically provided signatures are accepted as original signatures.					