No. C 111849		[Due no later than Aug 31, 2000		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON		Annual Report Form 1. Mailing Address - Correct in this box, if applicable MEDICAL PROFESSIONAL LIABILITY AGEN			DOUG BALL 425 S HOLMES	
PO BOX 83720 BOISE, ID 83720-0080		195 LAKE LOUISE MARIE RD		IDA	IDAHO FALLS, ID 83402	
NO FILING FEE IF RECEIVED BY DUE DATE		ROCK HILL, NY 12775		3. <u>N</u>	. <u>New</u> Registered Agent Signature	
4. Corporation	ns: Enter Nam	es and Bus	siness Addresses of President,	Secretary an	d Directors.	
Office held President	Name Thomas O. 6		eet or P.O. Address Thake Lowise Marie Rd	<u>City</u> Rock 4.11	State ん⊀	<u>Zip</u> 12 775
•	Mark Mish		H	(4	\$ 8	1.1
secretary	Joseph Long		f į	4.6		
Director	Harry Rho	Lle a	11	11	C)	.,
Director	Suzennk	Loughlin	11	· · ·		
	er the Laws of: NEW YORK C 111849		6. Signature Name (Typed or Mark Mi	shler	Title:	7/10/00 easurer
	06/01/2000		Name (Typed or Mark Mi) Do Not Tape or Staple	37(16)	X TXIXXX	77

Issued 06/01/2000

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