

No. C 113719		Due no later than Feb 29, 2012		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. LAKE CITY PHYSICAL THERAPY, P.A. SHEREE L DIBIASE 2170 IRONWOOD CENTER DR COEUR D'ALENE ID 83814		SHEREE L DIBIASE 2170 IRONWOOD CENTER DR COEUR D'ALENE ID 83814			
				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	GREG D SCHNEIDER	14953 E. HAYDEN LAKE RD	HAYDEN LAKE	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 113719		Signature: Sheree DiBiase				Date: 12/30/2011	
		Name (type or print): Sheree DiBiase				Title: President	
Processed 12/30/2011		* Electronically provided signatures are accepted as original signatures.					