

NO. C 91837

Due no later than March 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IDAHO PHYSICAL MEDICINE AND REHABIL
ROBERT H. FRIEDMAN, MD ATTN: ADMIN
PO BOX 1128
BOISE, ID 83701ROBERT H. FRIEDMAN, M.D.
600 N ROBBINS RD STE 300
BOISE, ID 83702NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Robert Friedman	P.O. Box 1128	Boise	ID	83701
1st VP/Secretary	Chris Gussner				
2nd VP	Nancy Greenwald				
3rd VP	Barbara Quattrone				
Treasurer	Michael Jant				
CEO	Monte Moore				

5. Organized Under the Laws of:

IDAHO
C 91837

6.

Signature

Sharon A. Lee

Date

1-30-08

Name (Typed or Printed)

Sharon A. Lee

Title

ADMINISTRATOR

Issued 01/02/2008

Do Not Tape or Staple

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