

No. C 111849	Due no later than August 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX DOUG BALL 425 S HOLMES IDAHO FALLS, ID 83402		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address (to be entered in this box, if applicable) MEDICAL PROFESSIONAL LIABILITY AGEN 146 ROCK HILL DR PO BOX 859 ROCK HILL, NY 12775		3. <u>New</u> Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES/DIR	Suzanne LOUGHLIN	492 Old Sackett Rd.	ROCK HILL	NY	12775
SECY	JOSEPH LOUGHLIN	492 Old Sackett Rd.	ROCK HILL	NY	12775
DIR	HARRY W. RHULEN	32504 Sunburst Ln.	EVERGREEN	CO	80439
DIR	PENNY MANTZOURATOS	179 Rockland Rd.	ROSCOE	NY	12776
5. Organized Under the Laws of: NEW YORK C 111849			6. Signature <u>Araceli E. Mir</u> Date <u>6-11-03</u> Name (Typed or Printed) <u>ARACELI E. MIR</u> Title <u>VICE PRES</u>		