

No. <b>C 162410</b>		<b>Due no later than Sep 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PHARMACY DOCTORS, INC. (THE) SAMUEL A HOAGLAND 702 WEST IDAHO ST SUITE 1100 BOISE ID 83702		SAMUEL A HOAGLAND 702 W IDAHO ST STE 1100 BOISE ID 83702			
						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	MARK A FILICETTI	C/O ST. LUKE'S REG. MED. CTR. 190 EAST BANNOCK	BOISE	ID	USA	83712	
PRESIDENT	SAMUEL A HOAGLAND	KEY BANK CENTER 10TH FLOOR 702 W IDAHO ST., SUITE 1000	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID C 162410</b>		6. Annual Report must be signed.*  Signature: Samuel A. Hoagland Name (type or print): Samuel A. Hoagland					
		Date: 07/14/2010 Title: President					
Processed 07/14/2010 * Electronically provided signatures are accepted as original signatures.							