

No. C 91837		Due no later than Mar 31, 2011		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		ROBERT H. FRIEDMAN, M.D. 600 N ROBBINS RD STE 300 BOISE ID 83702		
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*		
		IDAHO PHYSICAL MEDICINE AND REHABILITATION, P.A. ROBERT H. FRIEDMAN, MD ATTN: ADMIN PO BOX 1128 BOISE ID 83701				
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
PRESIDENT	ROBERT L FRIEDMAN	PO BOX 1128	BOISE	ID	USA	83701
SECRETARY	CHRISTIAN G GUSSER	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	MONTE H MOORE	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	NANCY E GREENWALD	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	BARBARA E QUATTRONE	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	MICHEAL O SANT	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	MARK J HARRIS	PO BOX 1128	BOISE	ID	USA	83701
5. Organized Under the Laws of: ID C 91837		6. Annual Report must be signed.* Signature: Sharon A Lee Name (type or print): Sharon A Lee		Date: 01/25/2011 Title: Administrator		
Processed 01/25/2011		* Electronically provided signatures are accepted as original signatures.				