

No. C 90775		Due no later than Nov 30, 2009		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. FAMILY CARE PHYSICIANS, P.A. JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME ID 83338		JAMES D LOHMANN 112 FIFTH AVE. WEST JEROME ID 83338			
				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	
TREASURER	JOSHUA W KERN	112 FIFTH AVE WEST	JEROME	ID	USA	83338	
SECRETARY	JAMES S. IRWIN	(ADDRESS_1)112 FIFTH AVE WEST	JEROME	ID	USA	83338	
PRESIDENT	ELIZABETH J JOHNSON	112 FIFTH AVE WEST	JEROME	ID	USA	83338	
5. Organized Under the Laws of: ID C 90775		6. Annual Report must be signed.* Signature: Johnna Bailey Name (type or print): Johnna Bailey Date: 12/15/2009 Title: Office Manager					
Processed 12/15/2009		* Electronically provided signatures are accepted as original signatures.					