

|  |                                       |  |           |  |         |             |  |
|--|---------------------------------------|--|-----------|--|---------|-------------|--|
| No. <b>W 89894</b>   |                                       | <b>Due no later than Jan 31, 2011</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                                       | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SMBI IDAHO, LLC<br>LAURIE BROCATO<br>40 BURTON HILLS BLVD STE 500<br>NASHVILLE TN 37215<br>USA |           | CT CORPORATION SYSTEM<br>1111 W JEFFERSON STE 530<br>BOISE ID 83702<br>USA |         |             |  |
|  |                                       |  |           | 3. <u>New</u> Registered Agent Signature:*                                 |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                                       |  |           |  |         |             |  |
| Office Held  | Name                                  | Street or PO Address   | City      | State  | Country | Postal Code |  |
| MEMBER   | UNIPHY HEALTHCARE OF MAINE I,<br>INC. | 40 BURTON HILLS BLVD, STE. 500   | NASHVILLE | TN   | USA     | 37215       |  |
| 5. Organized Under the Laws of:<br><br><b>TN<br/>W 89894</b>   |                                       | 6. Annual Report must be signed.*<br>Signature: Teresa Sparks<br>Name (type or print): Teresa Sparks   |           |  |         |             |  |
| Processed 01/07/2011   |                                       | Date: 01/07/2011<br>Title: Vp  |           |  |         |             |  |
| * Electronically provided signatures are accepted as original signatures.  |                                       |  |           |  |         |             |  |