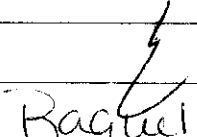


No. W 5391	Due no later than January 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HEALING ARTS DAY SURGERY, LLC RAQUEL CROITORU, M.D. 222 W IOWA AVE STE B NAMPA, ID 83686		STEVE PACKARD 222 W IOWA AVE STE B NAMPA, ID 83686 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>CEO/ Managing Partner</td> <td>Raquel Croitoru</td> <td>222 W Iowa Ave Suite A</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	CEO/ Managing Partner	Raquel Croitoru	222 W Iowa Ave Suite A	Nampa	ID	83686
Office held	Name	Street or P.O. Address	City	State	Zip										
CEO/ Managing Partner	Raquel Croitoru	222 W Iowa Ave Suite A	Nampa	ID	83686										
5. Organized Under the Laws of: IDAHO W 5391	6. Signature  Date <u>1/30/05</u> Name (Typed or Printed) <u>Raquel Croitoru</u> Title <u>MD</u>														