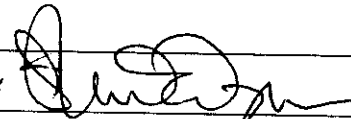


No. W 29885	Due no later than April 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SYRINGA SURGICAL CENTER, LLC 1630 23RD AVE STE 901B LEWISTON, ID 83501		STEVEN OZERAN, M.D. 1630 23RD AVE # 901A LEWISTON, ID 83501 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Medical Director</td> <td>Steven Ozeran</td> <td>1630 23rd Ave Suite 901B</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Medical Director	Steven Ozeran	1630 23rd Ave Suite 901B	Lewiston	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Medical Director	Steven Ozeran	1630 23rd Ave Suite 901B	Lewiston	ID	83501										
5. Organized Under the laws of: IDAHO W 29885		6. Signature  Date 2-14-06 Name (Typed or Printed) STEVEN E OZERAN Title 1230													