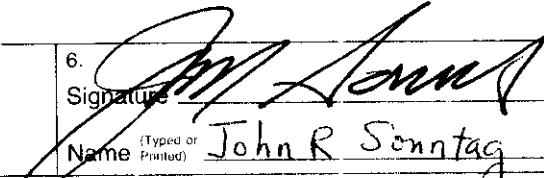


<b>No. C 152993</b>	<b>Due no later than February 28, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  <b>JAMES G REID</b> 455 S 3RD ST BOISE, ID 83702												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  PREMIER SURGICAL CENTER, INC. <del>PO BOX 2773</del> <u>5680 Gage St</u> <del>BOISE, ID 83704</del> <u>Boise, Id 83706-1326</u>		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">President/ Director</td> <td style="vertical-align: top;">John R Sonntag</td> <td style="vertical-align: top;">5680 Gage St</td> <td style="vertical-align: top;">Boise</td> <td style="vertical-align: top;">Id</td> <td style="vertical-align: top;">83706-1326</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>	President/ Director	John R Sonntag	5680 Gage St	Boise	Id	83706-1326
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President/ Director	John R Sonntag	5680 Gage St	Boise	Id	83706-1326										
5. Organized Under the Laws of:  IDAHO C 152993		6.  Signature _____ Name (Typed or Printed) <u>John R Sonntag</u> Title <u>President</u>													

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