

No. <b>W 335</b>		<b>Due no later than May 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
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>Annual Report Form</b>		DAVID A KENT, M.D. 413 N ALLUMBAUGH STE 101 BOISE ID 83704			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		SAGE HEALTH CARE, P.L.L.C. 413 N ALLUMBAUGH STE 101 BOISE ID 83704					
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	CHARLES C NOVAK MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
MEMBER	ROBERTO NEGRON, MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
MEMBER	DAVID A KENT MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID W 335</b>		6. Annual Report must be signed.* Signature: Jennifer Burch Name (type or print): Jennifer Burch		Date: 03/22/2012 Title: Business Manager			
Processed 03/22/2012		* Electronically provided signatures are accepted as original signatures.					