

No. W 335

Due no later than May 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SAGE HEALTH CARE, P.L.L.C.  
413 N ALLUMBAUGH STE 101  
BOISE, ID 83704

DAVID A KENT, M.D.  
413 N ALLUMBAUGH STE 101  
BOISE, ID 83704

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held

Name

Street or P.O. Address

City

State

Zip

Owner Roberto Negron MD  
↓ Charles Novak MD  
David Kent MD

413 N. ALLUMBAUGH, STE. 101  
BOISE, IDAHO 83704  
↓

5. Organized Under the Laws of:

IDAHO  
W 335

6.

Signature

Date

3/18/08

Name (Typed or Printed)

Title

Issued 03/03/2008

Do Not Tape or Staple

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