

No. C 31867

## Annual Report Form

1995

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

## Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

## 1. Mailing Address - Please Correct, If Not Correct

SURGERY CENTER, INC. (THE)  
MARK F. GREFENSON  
PO BOX 3427

TWIN FALLS ID 83301

MARK F GREFENSON  
115 FALLS AVE W

TWIN FALLS ID 83301

## 3. Organized Under the Laws of:

ID C 31837

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President H. Peter Doble, II, MD 3399 Willow Way Twin Falls ID 83301

Secretary Larry D. Maxwell, MD 790 Academic Twin Falls ID 83301

## 5. NATURE OF BUSINESS

AMBULATORY SURGERY CENTER

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date 8-16-96

Name  
(Typed or  
Printed)

H. Peter Doble, II, MD Title President

ISSUED: 07-05-1995

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