







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **ANNUAL REPORT** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

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-FILED-

File #: 0003887610

Date Filed: 6/1/2020 2:51:06 PM

| For Manager Aller   |              |   |  |
|---|--------------|---|--|
| Entity Name and Mailing Address: Entity Name:   | PARTNE       | PARTNERS SURGICAL OF IDAHO FALLS, LLC   |  |
| Foreign Name (name in home jurisdiction):   |              | PARTNERS SURGICAL OF IDAHO FALLS, LLC   |  |
| The file number of this entity on the records of the Idaho Secret   |              |   |  |
| of State is:  | ary 00000000 | 141   |  |
| Address   |              | 510 BERING DR   |  |
|   |              | STE 650<br>HOUSTON, TX 77057-1451   |  |
| Entity Details:   |              | - • • • • • • • • • • • • • • • • • • •   |  |
| Entity Status   | Active - E   | Active - Existing   |  |
| This entity is organized under the laws of:   | DELAWA       | DELAWARE  |  |
| If applicable, the old file number of this entity on the records of the W184665 Idaho Secretary of State was: |              |   |  |
| The registered agent on record is:  |              |   |  |
| Registered Agent  |              | C T CORPORATION SYSTEM  |  |
|   |              | Commercial Registered Agent Physical Address                                    |  |
|   | -            | RCHARD ST STE G   |  |
|   | BOISE, I     | BOISE, ID 83705<br>Mailing Address<br>921 S ORCHARD ST STE G<br>BOISE, ID 83705 |  |
|   | -            |   |  |
|   |              |   |  |
| Agent or Address Change   |              |   |  |
| Select if you are appointing a new agent.   |              |   |  |
| Limited Liability Company Managers and Members  |              |   |  |
| Name  | Title        | Business Address  |  |
| + PARTNERS SURGICAL, LLC  | Member       | 510 BERING DR   |  |
|   |              | STE 650<br>  HOUSTON, TX 77057-1451   |  |
|   |              | 1100310N, 1X 77037-1431   |  |
| The annual report must be signed by an authorized signer of the entity.                                       |              |   |  |
| ANGELA MONTELLA 06/01/2020  |              | 06/01/2020  |  |
| Sign Here   |              | Date  |  |
|   |              |   |  |
| Job Title: ACCOUNTING MANAGER   |              |   |  |