

No. W 5391

Due no later than January 31, 2009

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

HEALING ARTS DAY SURGERY, LLC
RAQUEL CROITORU, M.D.
222 W IOWA AVE STE B
NAMPA, ID 83686

RAQUEL CROITORU
222 W IOWA AVE STE B
NAMPA, ID 83686

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Managing/CEO	Raqueel Croitoru	222 W. Iowa Ave Ste B	Nampa	Id	83686

5. Organized Under the Laws of:
IDAHO
W 5391

6.

Signature

Date

11-26-08

Name (Typed or Printed)

Raqueel Croitoru

Title

Managing/CEO

Issued 11/05/2008

Do Not Tape or Staple

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