

No. W 29885		Due no later than Apr 30, 2016		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SYRINGA SURGICAL CENTER, LLC STEVEN E OZERAN 1630 23RD AVE STE 901B LEWISTON ID 83501		STEVEN OZERAN, M.D. 1630 23RD AVE # 901A LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature:*	
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	STEVEN OZERAN MD	1630 23RD AVE STE 902	LEWISTON	ID		83501	
MEMBER	RICHARD ALLEN	1630 23RD AVE STE 902	LEWISTON	ID		83501	
MEMBER	RONALD W ALM	803 16TH AVENUE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 29885		6. Annual Report must be signed.* Signature: steven E Ozeran Name (type or print): steven E Ozeran Date: 02/25/2016 Title: Medical Director					
Processed 02/25/2016		* Electronically provided signatures are accepted as original signatures.					