

No. W 335		Due no later than May 31, 2011 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		1. Mailing Address: Correct in this box if needed. 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. <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	CHARLES C NOVAK MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
MEMBER	ROBERTO A NEGRON, MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
MEMBER	DAVID A KENT MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 335		6. Annual Report must be signed.* Signature: Jennifer Burch Name (type or print): Jennifer Burch					
		Date: 03/17/2011 Title: Business Manager					
Processed 03/17/2011 * Electronically provided signatures are accepted as original signatures.							