No. C 88306 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Dec 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE ANESTHESIA, P.A. BONNIE STARR BONNIE.STARR@ANESTHESIALLC.COM 8905 SW NIMBUS AVE #300 BEAVERTON OR 97008 USA		2. Registered	2. Registered Agent and Address (NO PO BOX)			
				JOSEPH H UBERUAGA II 1111 W JEFFERSON SUITE 530 BOISE ID 83702 3. New Registered Agent Signature:*				
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PHILLIP SCHMID		1055 N CURTIS ROAD	BOISE	ID	USA	83706	
DIRECTOR	STEPHEN PACKER		1055 N CURTIS ROAD	BOISE	ID	USA	83706	
DIRECTOR MELBIHESS DIRECTOR JOHN MART			1055 N CURTIS ROAD	BOISE	ID ID ID	USA USA USA	83706 83706 83706	
			1055 N CURTIS ROAD	BOISE				
DIRECTOR	IRECTOR KEVIN KART		1055 N CURTIS ROAD	BOISE				
DIRECTOR JASON JENK DIRECTOR SHELLEY JAC DIRECTOR MICHAEL GO DIRECTOR PATRICIA GO DIRECTOR DONALD FOX				BOISE BOISE BOISE	ID ID ID	USA USA USA	83706 83706 83706	
								SAHERTY 1055 N CURTIS ROAD
		1055 N CURTIS ROAD	BOISE					
		1055 N. CURTIS ROAD	BOISE					
		DIRECTOR MATTHEW FOWLER		OWLER	1055 N. CURTIS ROAD	BOISE	ID	USA
SECRETARY	STEVEN REID		1055 N. CURTIS ROAD	BOISE	ID	USA	83706	
PRESIDENT	ANDREW R	COHEN	1055 N. CURTIS ROAD	BOISE	ID	USA	83706	
5. Organized Under the Laws of: 6. Annu		6. Annual Repo	t must be signed.*					
ID C 88306		Signature: Bonnie Starr Da		ate: 12/21/2009				
		Name (type or print): Bonnie Starr T		itle: Practice Management Acct Mgr				
Processed 12/21/2009		* Electronically provided signatures are accepted as original signatures.						