No. C 99349

Due no later than August 31, 2005

Annual Report Form

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 applicable

MAGIC VALLEY SURGERY CLINIC, P.A.
DR. STEPHEN E. SCHMID
630 ADDISON AVE W STE 230
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

DR. STEPHEN E. SCHMID
630 ADDISON AVE W STE 230
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	STEPHEN E SCHMID	630 ADDISON AVE W #230	TWIN FALLS	ID	83301
SECRETARY	KATHRYN P SCHMID	SAME			
DIRECTOR	STEPHEN E. SCHMID	SAME			

5. Organized Under the Laws of:
IDAHO
C 99349

6.
Signature Stephen E Schmid Date 6/6/05
Name (Typed or Printed) STEPHEN E. SCHMID MD Title PRES/DIRECTOR

200508002857

Issued 06/01/2005

Do Not Tape or Staple