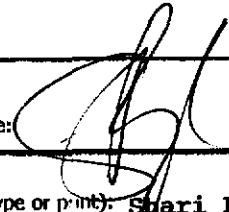


No. C 157997	Reinstatement Annual Report Form ADMIN DISSOLVED 03/09/2007		2. Registered Agent and Office (NOT A P.O. BOX) SHARI L ROGLER 167 12TH ST IDAHO FALLS ID 83404																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SOUTHFORK ANESTHESIA, P.A. 167 12TH ST IDAHO FALLS ID 83404		3. New Registered Agent Signature.																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Southfork Anesthesia, P.A.,</td> <td>167 12th St.,</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Southfork Anesthesia, P.A.,</td> <td>167 12th St.,</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83404</td> </tr> <tr> <td>Treasurer</td> <td>Southfork Anesthesia, P.A.,</td> <td>167 12th St.,</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83404</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Southfork Anesthesia, P.A.,	167 12th St.,	Idaho Falls,	ID		83404	Secretary	Southfork Anesthesia, P.A.,	167 12th St.,	Idaho Falls,	ID		83404	Treasurer	Southfork Anesthesia, P.A.,	167 12th St.,	Idaho Falls,	ID		83404
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5. Organized Under the Laws of: IDAHO C 157997	6. Signature:  Date: 11/19/08 Name (type or print): Shari L. Rogler Title: President																														
Issued 11/17/2008 by NLB																															

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 SECRETARY OF STATE
 IDAHO