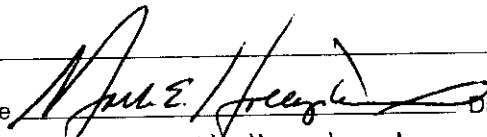


No. <b>W 9466</b>	<b>Due no later than August 31, 2003 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: <small>Correct in this box, if applicable</small> SURGICARE CENTER OF IDAHO, L.C. (TH) MARK E. HOLLINGSHEAD, M.D. 360 E MALLARD DR STE 125  BOISE, ID 83706		MARK E. HOLLINGSHEAD, M.D. 360 E MALLARD DR STE 125  BOISE, ID 83706  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th data-bbox="316 409 513 450"><u>Office held</u></th> <th data-bbox="513 409 819 450"><u>Name</u></th> <th data-bbox="819 409 1310 450"><u>Street or P.O. Address</u></th> <th data-bbox="1310 409 1517 450"><u>City</u></th> <th data-bbox="1517 409 1670 450"><u>State</u></th> <th data-bbox="1670 409 1889 450"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="316 450 513 523">President</td> <td data-bbox="513 450 819 523">Mark E Hollingshead</td> <td data-bbox="819 450 1310 523">3616 La Mesita Way</td> <td data-bbox="1310 450 1517 523">Boise</td> <td data-bbox="1517 450 1670 523">ID</td> <td data-bbox="1670 450 1889 523">83702</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Mark E Hollingshead	3616 La Mesita Way	Boise	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Mark E Hollingshead	3616 La Mesita Way	Boise	ID	83702											
5. Organized Under the Laws of:  IDAHO W 9466		6. Signature  Date 8/27/03 Name <small>(Typed or Printed)</small> Mark E. Hollingshead Title owner														