

No. C 153696

Due no later than March 31, 2005
Annual Report Form

2. Registered Agent and Office **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 applicable

NORTH COUNTRY ANESTHESIA, P.A.
413 S 2ND AVE
SANDPOINT, ID 83864

PHILIP ROLE
413 S 2ND AVE
SANDPOINT, ID 83864

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------------|-------------------------------|-------------|--------------|------------|
| <u>Office held</u> | | | | | |
| <u>President</u> | Philip R. Role MD | 413 S. 2nd Ave | Sandpoint | ID | 83864 |
| <u>Secretary</u> | Bruce Demko | 541 Horizon Dr. | Sagle | ID | 83860 |

5. Organized Under the Laws of:

IDAHO
C 153696

6.

Signature

Mary Catherine Role

Date

01/13/05

Name

(Typed or
Printed)

MARY CATHERINE ROLE

Title

RECORDER

Issued 01/03/2005

Do Not Tape or Staple

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