

FILED EFFECTIVE

09 JUL -8 AM 8:10



STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH
(See reverse for instructions)

SECRETARY OF STATE
STATE OF IDAHO

File #: C175711

The undersigned entity submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Idaho.

- The name of the entity is:
Cornerstone Anesthesia, P.A.
- The street address of its present registered office is:
2841 Juniper Drive, Lewiston, ID 83501
- The new street address in Idaho (not a P.O. box or PMB) to which its registered office is to be changed is:

- The name of its old registered agent is: J. Thomas Grissom, M.D.
- The name of its new registered agent is: Craig G. Flinders, M.D.

Dated: June 2009

Signed: [Signature]

Printed: David Kirsch, M.D.

Capacity: President

I consent to serve as registered agent for the above-named entity.

[Signature]
(Signature of new registered agent)

FILE ONE COPY

NO FEE REQUIRED