

No. <b>W 29885</b>	<b>Due no later than Apr 30, 2009</b> <b>Annual Report Form</b>	2. Registered Agent and Address <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>	<b>1. Mailing Address: Correct in this box if needed.</b> SYRINGA SURGICAL CENTER, LLC STEVEN E OZERAN 1630 23RD AVE STE 901B LEWISTON ID 83501	STEVEN OZERAN, M.D. 1630 23RD AVE # 901A LEWISTON ID 83501  3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	RONALD W ALM	803 16TH AVENUE	LEWISTON	ID	USA	83501
MEMBER	STEVEN OZERAN MD	1630 23RD AVE STE 901 A	LEWISTON	ID	USA	83501
MEMBER	RICHARD ALLEN	1630 23RD AVE STE 1001	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID W 29885</b>	6. Annual Report must be signed.* Signature: Steven E. Ozeran, M.D. Name (type or print): Steven E. Ozeran, M.D.		Date: 05/18/2009 Title: Medical Director			
Processed 05/18/2009	* Electronically provided signatures are accepted as original signatures.					