No. W 29885 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Du	ie no later than Apr 30, 2010	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form 1. Mailing Address: Correct in this box if needed. SYRINGA SURGICAL CENTER, LLC STEVEN E OZERAN 1630 23RD AVE STE 901B LEWISTON ID 83501		1630 23RD A LEWISTON I	STEVEN OZERAN, M.D. 1630 23RD AVE # 901A LEWISTON ID 83501 3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	STEVEN OZERAN MD		1630 23RD AVE STE 902	LEWISTON	ID	USA	83501	
MEMBER	RICHARD ALLEN		1630 23RD AVE STE 902	LEWISTON	ID	USA	83501	
MEMBER	RONALD W	ALM	803 16TH AVENUE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID		Signature: Steven Ozeran		Date: 02/16/2010				
W 29885		Name (type or print): Steven Ozeran		Title: Medical Director				
Processed 02/16/2010		* Flectronically n	rovided signatures are accepted as origina	l signatures				