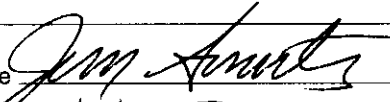


No. C 127679	Due no later than Feb 28, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JOHN R SONNTAG, M.D. 520 SOUTH EAGLE ROAD 1070 N CURTIS RD, SUITE 250 MERIDIAN, ID 83642												
	VISION QUEST SURGICAL EYE CENTER, P JOHN R SONNTAG 520 SOUTH EAGLE ROAD 1070 N Curtis Rd, Suite 250 MERIDIAN, ID 83642 Boise, ID 83706		3. New Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>John R. Sonntag MD</td> <td>1070 N. Curtis Suite 250</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	John R. Sonntag MD	1070 N. Curtis Suite 250	Boise	ID	83706
Office held	Name	Street or P.O. Address	City	State	Zip										
Pres.	John R. Sonntag MD	1070 N. Curtis Suite 250	Boise	ID	83706										
5. Organized Under the Laws of: IDAHO C 127679		6. Signature  Date _____ Name (Typed or Printed) John Sonntag Title _____													