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 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	JOHN R SONNTAG, M.D. ~~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.

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:	6.
IDAHO C 127679	Signature _____ Date _____ Name (Typed or Printed) John Sonntag Title _____

Issued 12/03/2001 **Do Not Tape or Staple** 2359