

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

10090389

<b>DOCUMENT # P32870</b> 1. Entity Name <b>ACN GROUP, INC.</b>			
Principal Place of Business 5700 SMETANA DR STE 300 MINNETONKA, MN 55343		Mailing Address 9900 BREN RD E MN008-T410 MINNETONKA, MN 55343	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>41-1591944</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>(Signature, typed or printed name of registered agent and title if applicable)</small>		DATE	
FILING FEE: \$150.00 May 2003 Fee: \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/D NAME: ALLENBURG, THOMAS J DC STREET ADDRESS: 6700 SMETANA DR #300 CITY-ST-ZIP: MINNETONKA, MN 55343	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V/D NAME: COLE, DAVID L STREET ADDRESS: 6620 SMETANA DR #225 CITY-ST-ZIP: MINNETONKA, MN 55343	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: RYAN, TIMOTHY F STREET ADDRESS: 9900 BREN RD E CITY-ST-ZIP: MINNETONKA, MN 55343	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: LUBBEN, DAVID J STREET ADDRESS: 9900 BREN RD E CITY-ST-ZIP: MINNETONKA, MN 55343	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: KELLY, JOHN W STREET ADDRESS: 9900 BREN RD E CITY-ST-ZIP: MINNETONKA, MN 55343	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: WEISS, ALLAN J STREET ADDRESS: 9900 BREN RD E CITY-ST-ZIP: MINNETONKA, MN 55343	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: <i>David L. Cole</i>		DATE: 4/18/03	
PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: David L. Cole, Vice President		CONTACT: 952-936-1158 Licensing Unit	

CR2003s (10/02)

**PLEASE SEE ATTACHED FOR COMPLETION OF OFFICER AND DIRECTOR LISTING**

Attachment  
10090389

DOCUMENT # P32870

**COMPLETION OF LIST OF OFFICERS AND DIRECTORS FOR  
ACN GROUP, INC.**

Title: D  
Name: Colby, Ronald B.  
Address: 9900 Bren Rd E  
Minnetonka, Minnesota 55343

Title: D  
Name: Wichmann, David S.  
Address: 9900 Bren Rd E  
Minnetonka, Minnesota 55343

Title: D  
Name: Archelle Georgiou, M.D.  
Address: 9900 Bren Rd E  
Minnetonka, Minnesota 55343