

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002608

Entity Name: TARGET CLINIC MEDICAL ASSOCIATES FLORIDA, LLC**Current Principal Place of Business:**1000 NICOLLET MALL
MINNEAPOLIS, MN 55403**Current Mailing Address:**1000 NICOLLET MALL
TPS-3155
MINNEAPOLIS, MN 55403 US**FEI Number:** 27-2533541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	HENNINGTON, CHRSTINA
Address	1000 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55403

Title	VP
Name	HAALAND, COREY
Address	1000 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55403

Title	SEC
Name	DONLIN, DAVID L
Address	1000 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55403

Title	VP
Name	LEUTY, CARTER J
Address	1000 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55403

Title	AT
Name	BROWN, JANINE L
Address	1000 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55403

Title	AT
Name	ROSS, SARA J
Address	1000 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55403

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID L. DONLIN**SECRETARY****04/14/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date