

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005221

**Entity Name:** PROVATION MEDICAL, INC.**Current Principal Place of Business:**800 WASHINGTON AVENUE NORTH, SUITE 400  
MINNEAPOLIS, MN 55401**Current Mailing Address:**800 WASHINGTON AVENUE NORTH, SUITE 400  
MINNEAPOLIS, MN 55401**FEI Number: 41-1819816****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**Officer/Director Detail :**

Title	D
Name	BECKER, ROBERT
Address	2001 MARKET STREET
City-State-Zip:	PHILADELPHIA PA 19103

Title	EVPS
Name	GOLD, DEIDRA D
Address	2700 LAKE COOK ROAD
City-State-Zip:	RIVERWOODS IL 60015

Title	VPAS
Name	PARKER, RICHARD J
Address	2700 LAKE COOK ROAD
City-State-Zip:	RIVERWOODS IL 60015

Title	PD
Name	SUBRAMANIAN, ARVIND
Address	800 WASHINGTON STREET
City-State-Zip:	MINNEAPOLIS MN 55401

Title	DT
Name	YULES, SUSAN
Address	2001 MARKET STREET
City-State-Zip:	PHILADELPHIA PA 19103

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD J. PARKER****VICE PRESIDENT****02/24/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date