

2016 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	EVPS
Name	GOLD, DEIDRA D
Address	2700 LAKE COOK ROAD
City-State-Zip:	RIVERWOODS IL 60015

Title	VPAS
Name	HEALY, PETER F
Address	2700 LAKE COOK ROAD
City-State-Zip:	RIVERWOODS IL 60015

Title	PD
Name	DEL TORO, DAVID
Address	800 WASHINGTON STREET
City-State-Zip:	MINNEAPOLIS MN 55401

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

Title	TREASURER
Name	VITTERS, KATIE
Address	800 WASHINGTON AVENUE NORTH, SUITE 400
City-State-Zip:	MINNEAPOLIS MN 55401

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: DEIDRA D GOLD**SECRETARY****04/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date