

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001472

Entity Name: UNIVITA HEALTH INC.

Current Principal Place of Business:

11000 PRAIRIE LAKES DRIVE
SUITE 600
EDEN PRAIRIE, MN 55344

FILED
Apr 26, 2014
Secretary of State
CC0318065294

Current Mailing Address:

11000 PRAIRIE LAKES DRIVE
SUITE 600
EDEN PRAIRIE, MN 55344 US

FEI Number: 26-3778546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN
Name LYTLE, L. BEN
Address 11000 PRAIRIE LAKES DRIVE
SUITE 600
City-State-Zip: EDEN PRAIRIE MN 55344

Title VICE CHAIRMAN
Name LYTLE, HUGH H
Address 11000 PRAIRIE LAKES DRIVE
SUITE 600
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name SHEEHY, ROBERT
Address 11000 PRAIRIE LAKES DRIVE
SUITE 600
City-State-Zip: EDEN PRAIRIE MN 55344

Title PRESIDENT, DIRECTOR
Name HAYNES, JEAN
Address 11000 PRAIRIE LAKES DRIVE, SUITE
600
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name WELTMAN, ROBERT
Address 11000 PRAIRIE LAKES DRIVE
SUITE 600
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name GOLDSTEIN, PETER
Address 11000 PRAIRIE LAKES DRIVE
SUITE 600
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name CONTE, JEAN-PIERRE L.
Address 11000 PRAIRIE LAKES DRIVE
SUITE 600
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name RUTLEDGE, ROB S
Address 11000 PRAIRIE LAKES DRIVE
SUITE 600
City-State-Zip: EDEN PRAIRIE MN 55344

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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: DOUGLAS D. BYRD

SECRETARY

04/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name BYRD, DOUGLAS D
Address 5 COMMONWEALTH ROAD
City-State-Zip: NATICK MA 01760

Title TREASURER
Name WAY, JOHN A
Address 11000 PRAIRIE LAKES DRIVE
SUITE 600
City-State-Zip: EDEN PRAIRIE MN 55344