

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001472

**Entity Name:** UNIVITA HEALTH INC.

**Current Principal Place of Business:**

8601 N. SCOTTSDALE ROAD  
SUITE 335  
SCOTTSDALE, AZ 85253

**Current Mailing Address:**

8601 N. SCOTTSDALE ROAD  
SUITE 335  
SCOTTSDALE, AZ 85253

**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 DIRECTOR - EXECUTIVE CHAIRMAN  
Name LYTLE, L. BEN  
Address 8601 N. SCOTTSDALE ROAD, SUITE 335  
City-State-Zip: SCOTTSDALE AZ 85253

Title DIRECTOR - VICE CHAIRMAN  
Name LYTLE, HUGH H  
Address 8601 N. SCOTTSDALE ROAD, SUITE 335  
City-State-Zip: SCOTTSDALE AZ 85253

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

Title CFO  
Name SJOBECK, JEFFREY  
Address 11000 PRAIRIE LAKES DR., SUITE 600  
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR  
Name SHEEHY, ROBERT  
Address 8601 N. SCOTTSDALE ROAD, SUITE 335  
City-State-Zip: SCOTTSDALE AZ 85253

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

*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:** JEAN HAYNES

**PRESIDENT**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date