

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005425

Entity Name: HYGEIA CORPORATION

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

15500 NEW BARN ROAD
STE 200
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

MNO10-E151
6300 OLSON MEMORAL HIGHWAY
GOLDEN VALLEY, MN 55427

New Mailing Address:

FEI Number: 36-4331825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: GNISCI, FRANK J
Address: 15500 NEW BARN ROAD STE 200
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD () Delete
Name: ANGELONE, DAVID
Address: 15500 NEW BARN ROAD STE 200
City-St-Zip: MIAMI, FL 33014

Title: CEO () Delete
Name: BERETZ, VIRGIL
Address: 15500 NEW BARN ROAD STE 200
City-St-Zip: MIAMI, FL 33014

Title: S (X) Delete
Name: MATZNER, GARY C
Address: 15500 NEW BARN ROAD STE 200
City-St-Zip: MIAMI, FL 33014

Title: ASS () Delete
Name: EDWARDS, JEAN M
Address: 15500 NEW BARN ROAD STE 200
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: JOHNSON, BRYAN R
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

Title: S (X) Change () Addition
Name: CORAN, KIMBERLY A
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASS (X) Change () Addition
Name: LUIS, JUANITA B
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUANITA B. LUIS

ASS

05/03/2007

Electronic Signature of Signing Officer or Director

Date