

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005799

FILED
Apr 04, 2011
Secretary of State

Entity Name: HARRINGTON HEALTH SERVICES, INC.

Current Principal Place of Business:

675 BROOKSEDGE BLVD
WESTERVILLE, OH 43081

New Principal Place of Business:

Current Mailing Address:

9900 BREN ROAD EAST
MN008T502
MINNETONKA, MN 55343

New Mailing Address:

3501 FRONTAGE RD
TAMPA, FL 33607

FEI Number: 41-1982309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: DP
Name: BAK, JEFFERY W
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: DCFO
Name: WHITTON, MICHAEL R
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: SEC
Name: MULROE, KAREN
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: DEVP
Name: SCHULTZ, ARTHUR T
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: SVP
Name: WALTERS, RONALD L
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: AS
Name: HULSLANDER, STEVEN V
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

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: JEFFERY W. BAK

DP

04/04/2011

Electronic Signature of Signing Officer or Director

Date