

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000288

Entity Name: SMT HEALTH SYSTEMS, INC.

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

1380 LEGION ROAD  
DETROIT LAKES, MN 56501

## New Principal Place of Business:

## Current Mailing Address:

1380 LEGION ROAD  
DETROIT LAKES, MN 56501

## New Mailing Address:

FEI Number: 41-2018658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: C ( ) Delete  
Name: LECLEIR, RICHARD H  
Address: 1380 LEGION ROAD  
City-St-Zip: DETROIT LAKES, MN 56501

Title: SD ( ) Delete  
Name: LECLEIR, SUSAN M  
Address: 1380 LEGION ROAD  
City-St-Zip: DETROIT LAKES, MN 56501

Title: PD ( ) Delete  
Name: LECLEIR, KEITH A  
Address: 1380 LEGION ROAD  
City-St-Zip: DETROIT LAKES, MN 56501

Title: TD ( ) Delete  
Name: HOUSHOLDER, KIMBERLY A  
Address: 1380 LEGION ROAD  
City-St-Zip: DETROIT LAKES, MN 56501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KIMBERLY HOUSHOLDER

TREA

04/13/2009

Electronic Signature of Signing Officer or Director

Date