

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002240

FILED  
Mar 22, 2006  
Secretary of State

Entity Name: DEFINITY HEALTH CORPORATION

## Current Principal Place of Business:

1600 UTICA AVENUE SOUTH, SUITE 900  
ST LOUIS PARK, MN 55416

## New Principal Place of Business:

## Current Mailing Address:

1600 UTICA AVENUE SOUTH, SUITE 900  
ST LOUIS PARK, MN 55416

## New Mailing Address:

FEI Number: 41-1966185

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: PCD ( ) Delete  
Name: BAHL, TRACY L  
Address: 1114 AVENUE OF THE AMERICAS 35TH FLOOR  
City-St-Zip: NEW YORK, NY 10036

Title: CEO ( ) Delete  
Name: MILLER, ANTHONY J  
Address: 1600 UTICA AVE. S., SUITE 900  
City-St-Zip: ST LOUIS PARK, MN 55416

Title: F ( ) Delete  
Name: OBERRENDER, ROBERT W  
Address: MAIL ROUTE MN008-T380,9900 BREN RD E  
City-St-Zip: MINNETONK, MN 55343

Title: S ( ) Delete  
Name: BURKE, FORREST G  
Address: MAIL ROUTE MN008-T615,9900 BREN RD E  
City-St-Zip: MINNETONKA, MN 55343

Title: CFO (X) Delete  
Name: SCHMIDT, RANDALL J  
Address: 1600 UTICA AVE S STE 900  
City-St-Zip: ST LOUIS PARK, MN 55416

Title: D ( ) Delete  
Name: HEMSLEY, STEPHEN J  
Address: MAIL ROUTE MN008-T010,9900 BREN RD E  
City-St-Zip: MINNETONKA, MN 55343

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: BAHL, TRACY L  
Address: 1114 AVE OF THE AMERICAS 35TH FLOOR  
City-St-Zip: NEW YORK, NY 10036

Title: CEO (X) Change ( ) Addition  
Name: ROLFING, KYLE R  
Address: 1600 UTICA AVE. SOUTH, SUITE 900  
City-St-Zip: ST LOUIS PARK, MN 55416

Title: F (X) Change ( ) Addition  
Name: OBERRENDER, ROBERT W  
Address: 9900 BREN RD E, MN008-T380  
City-St-Zip: MINNETONKA, MN 55343

Title: S (X) Change ( ) Addition  
Name: BURKE, FORREST G  
Address: 9900 BREN RD E, MN008-T615  
City-St-Zip: MINNETONKA, MN 55343

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

Title: D (X) Change ( ) Addition  
Name: HEMSLEY, STEPHEN J  
Address: 9900 BREN RD E, MN008-T010  
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information supplied with this filing does not qualify for the 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: KYLE R. ROLFING

CEO

03/22/2006

Electronic Signature of Signing Officer or Director

Date