

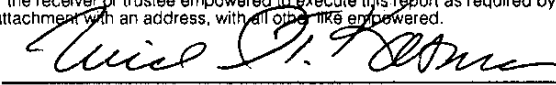


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90071 038 \*\*\*150.00

<b>DOCUMENT # F02000002826</b> 1. Entity Name <b>ANCILLARY CARE MANAGEMENT, INC.</b>					
Principal Place of Business <b>725 S. FIGUEROA STREET, SUITE 2150 LOS ANGELES, CA 90017</b>				Mailing Address <b>725 S. FIGUEROA STREET, SUITE 2150 LOS ANGELES, CA 90017</b>	
2. Principal Place of Business <b>10400 Viking Drive Ste 200</b> Suite, Apt. #, etc. <b>Ste 200</b> City & State <b>Eden Prairie, MN</b> Zip <b>55344</b>		3. Mailing Address <b>10400 Viking Drive Ste 200</b> Suite, Apt. #, etc. <b>Ste 200</b> City & State <b>Eden Prairie, MN</b> Zip <b>55344</b>			
4. FEI Number <b>95-4855887</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02252006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR, STE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCD WILLCUTTS, H. DAVID 725 S. FIGUEROA STREET, SUITE 2150 LOS ANGELES, CA 90017</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD MCNULTY, JR., THOMAS J 725 S. FIGUEROA STREET, SUITE 2150 LOS ANGELES, CA 90017</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>COO HARRIS, MICHAEL J 725 S. FIGUEROA STREET, SUITE 2150 LOS ANGELES, CA 90017</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JENSEN, DAVID A 16 GOULD HILL ROAD CONTOOCOOK, NH 03229</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MCDONAGH, BERNARD F 501 MOUNT CURVE BLVD ST PAUL, MN 55116</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LESTER, MICHAEL K 12131 113TH AVE NE STE 202 KIRKLAND, WA 98034</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			See attached		
<b>SIGNATURE:</b> 			3/7/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

# ATTACHMENT

40029487

## ANCILLARY CARE MANAGEMENT, INC.

### List of Officers

#F02000002826

Name	Home Address	Title
Harrison David Willcutts	390 Redwood Avenue Pasadena, CA 91105	Chief Executive Officer
Thomas Joseph McNulty, Jr.	5111 Oakwood Avenue La Canada, CA 91011	Chief Clinical Officer
Michael Todd Kasner	845 Willow view Drive Orono, MN 55356	Chief Financial Officer
Michael J. Harris	2025 Jefferson St. Paul, MN 55105	Chief Operating Officer

### List of Directors

Name	Business Address	Title
Harrison David Willcutts	390 Redwood Avenue Pasadena, CA 91105	President
Thomas Joseph McNulty, Jr.	5111 Oakwood Avenue La Canada, CA 91011	Secretary
Martin R. Felsenthal	Salix Ventures 44 Montgomery St, Ste 3085 San Francisco, CA 94104	Director
Dr. John P. Hamerly	MinnHealth 3220 Bellaire Ave White Bear Lake, MN 55110	Director
David A. Jensen	16 Gould Hill Road Contoocook, NH 03229	Chairman of the Board
Michael K. Lester, RPh.	Radiant Research 1120 112 <sup>th</sup> Ave NE, Ste 480 Bellevue, WA 98004	Director
Bernard F. McDonagh	United Healthgroup 9900 Bren Road East Minnetonka, MN 55343	Director
Kevin L. Roberg	Delphi Ventures 30245 East Horseshoe Lake Road Merrifield, MN 56465	Director

### Ownership

Entity	Address	Percentage of Ownership
Validus II LP	9900 Bren Road East Minnetonka, MN 55343	18.8%
St. Paul Venture Capital VI, LLC	10400 Viking Drive, Ste 550 EdenPrairie, MN 55344	18.4%
Delphi Ventures	30245 East Horseshoe Lake Road Merrifield, MN 56465	17.6%
H. David Willcutts	Ancillary Care Management, Inc. 725 S. Figueroa, Ste 2150 Los Angeles, CA 90017	15.4%
Thomas J. McNulty	Ancillary Care Management, Inc. 725 S. Figueroa, Ste 2150 Los Angeles, CA 90017	8.3%
Salix Ventures II	44 Montgomery Street, Ste 3085 San Francisco, CA 94104	5.6%



Ancillary Care Management, Inc.

ATTACHMENT 40029487  
#F02000002826

March 1, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Annual Report and Filing Fee for  
Ancillary Care Management, Inc

Dear Sir/Madam,

Enclosed are our annual report, a check in the amount of \$150.00 for the filing fee, and a current list of company officers and directors. Please send all future correspondence to the address in the footer of this letter. Please contact the undersigned if you have any questions or need any additional information, phone 952-826-2584, fax 402-220-6256, email [tstamm@acmcentral.com](mailto:tstamm@acmcentral.com). Thank you.

Sincerely,

Terri B. Stamm  
Director, Quality & Compliance