

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002826

FILED
Feb 20, 2008
Secretary of State

Entity Name: ANCILLARY CARE MANAGEMENT, INC.

Current Principal Place of Business:

10400 VIKING DR, STE 200
STE 200
EDEN PRAIRIE, MN 55344

New Principal Place of Business:

Current Mailing Address:

10400 VIKING DR, STE 200
STE 200
EDEN PRAIRIE, MN 55344

New Mailing Address:

FEI Number: 95-4855887

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 DR, STE 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: D () Delete
Name: WILL CUTTS, HARRISON D
Address: 10400 VIKING DRIVE, SUITE 200
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: SEC () Delete
Name: MCNULTY, JR, THOMAS J CCO
Address: 800 S. FIGUEROA STREET, SUITE 600
City-St-Zip: LOS ANGELES, CA 90017 US

Title: CFO () Delete
Name: WILDE, BRENT L CFO
Address: 10400 VIKING DRIVE, SUITE 200
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: D () Delete
Name: JENSEN, DAVID A
Address: 16 GOULD HILL ROAD
City-St-Zip: CONTOOCOOK, NH 03229

Title: D () Delete
Name: MCDONAGH, BERNARD F
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

Title: CEO () Delete
Name: MCLEAN, DAVID J CEO
Address: 10400 VIKING DRIVE, SUITE 200
City-St-Zip: EDEN PRAIRIE, MN 55344 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: BRENT L WILDE

CFO

02/20/2008

Electronic Signature of Signing Officer or Director

Date