

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000003206

FILED
Sep 23, 2009
Secretary of State**Entity Name:** AIM HEALTHCARE SERVICES, INC.**Current Principal Place of Business:**1021 WINDCROSS COURT
FRANKLIN, TN 37067**New Principal Place of Business:****Current Mailing Address:**1021 WINDCROSS COURT
FRANKLIN, TN 37067**New Mailing Address:**12125 TECHNOLOGY DRIVE
EDEN PRAIRIE, MN 55344**FEI Number:** 62-1451147**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**OFFICERS AND DIRECTORS:**

Title: PRES () Delete
Name: SOHR, JAMES M
Address: 1021 WINDCROSS COURT
City-St-Zip: FRANKLIN, TN 37067

Title: VP (X) Delete
Name: VALENTA, LEE D
Address: 12125 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: SECY () Delete
Name: NOWERS, BURTON A
Address: 1021 WINDCROSS COURT
City-St-Zip: FRANKLIN, TN 37067

Title: DIR () Delete
Name: SOHR, JAMES M
Address: 1021 WINDCROSS COURT
City-St-Zip: FRANKLIN, TN 37067

Title: CEO (X) Delete
Name: SLAVITT, ANDREW M
Address: 12125 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: ASEC (X) Delete
Name: SPICOLA, BRIGID M
Address: 12125 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

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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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: BRIGID M. SPICOLA

ASEC

09/23/2009

Electronic Signature of Signing Officer or Director_____
Date