

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005221

FILED  
Apr 12, 2012  
Secretary of State

Entity Name: PROVATION MEDICAL, INC.

## Current Principal Place of Business:

800 WASHINGTON AVENUE NORTH, SUITE 400  
MINNEAPOLIS, MN 55401

## New Principal Place of Business:

## Current Mailing Address:

2700 LAKE COOK ROAD  
C/O WKUS LAW DEPT  
RIVERWOODS, IL 60015

## New Mailing Address:

800 WASHINGTON AVENUE NORTH, SUITE 400  
MINNEAPOLIS, MN 55401

FEI Number: 41-1819816

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: D  
Name: BECKER, ROBERT  
Address: 2001 MARKET STREET  
City-St-Zip: PHILADELPHIA, PA 19103

Title: EVPS  
Name: GOLD, DEIDRA D  
Address: 2700 LAKE COOK ROAD  
City-St-Zip: RIVERWOODS, IL 60015

Title: VPAS  
Name: PARKER, RICHARD J  
Address: 2700 LAKE COOK ROAD  
City-St-Zip: RIVERWOODS, IL 60015

Title: PD  
Name: SUBRAMANIAN, ARVIND  
Address: 800 WASHINGTON STREET  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: DT  
Name: ENTRICKEN, KEVIN  
Address: 2001 MARKET STREET  
City-St-Zip: PHILADELPHIA, PA 19103

I hereby 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 all other like empowered.

SIGNATURE: RICHARD J. PARKER

VPAS

04/12/2012

Electronic Signature of Signing Officer or Director

Date