


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000720 1. Entity Name ARIZANT HEALTHCARE, INC.	
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Principal Place of Business 10393 W 70TH STREET EDEN PRAIRIE, MN 55344	Mailing Address 10393 W 70TH STREET EDEN PRAIRIE, MN 55344
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02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1455988	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUMBERT, MARIE B 10393 W 70TH STREET EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LUMAN, M. PRESTON 10393 W 70TH STREET EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO THOMAS, JOHN E 10393 W 70TH STREET EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAHARAJ, GARY R 10393 W 70TH STREET EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHULTZ, RICHARD D 10393 W 70TH STREET EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUEHLER, ROBERT G 10393 W 70TH STREET EDEN PRAIRIE, MN 55344

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Marie B. Humbert VP Finance 2/18/05 952-947-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #