

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000720

Entity Name: ARIZANT HEALTHCARE, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

10393 W 70TH STREET  
EDEN PRAIRIE, MN 55344

## New Principal Place of Business:

## Current Mailing Address:

10393 W 70TH STREET  
EDEN PRAIRIE, MN 55344

## New Mailing Address:

FEI Number: 37-1455988

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 DRIVE  
SUITE 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: VP ( ) Delete  
Name: HUMBERT, MARIE B  
Address: 10393 W 70TH STREET  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: S ( ) Delete  
Name: LUMAN, M. PRESTON  
Address: 10393 W 70TH STREET  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: CEO ( ) Delete  
Name: THOMAS, JOHN E  
Address: 10393 W 70TH STREET  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VP ( ) Delete  
Name: MAHARAJ, GARY R  
Address: 10393 W 70TH STREET  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VP ( ) Delete  
Name: SCHULTZ, RICHARD D  
Address: 10393 W 70TH STREET  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VP ( ) Delete  
Name: BUEHLER, ROBERT G  
Address: 10393 W 70TH STREET  
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:

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

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

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 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: MARIE B. HUMBERT

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date