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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000002
Phone : (850) 222-1092
Fax Number : (850) 878-5

RE-SUBMIT

Please retain original filing
date of submission 2/24

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
ARIZANT HEALTHCARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	\$35.00

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11 FEB 24 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Kuehly

TR 2-28-11



February 25, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARIZANT HEALTHCARE, INC.
10393 W 70TH STREET
EDEN PRAIRIE, MN 55344

SUBJECT: ARIZANT HEALTHCARE, INC.
REF: F03000000720

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the Registered Agent address in block #5 should be 515 E. Park Ave., Tallahassee, FL 32301. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H11000050359
Letter Number: 811A00004774

RECEIVED
11 FEB 28 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Minnesota
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARIZANT HEALTHCARE, INC.
2. The principal office address: 3M Center, Saint Paul, MN - 55144-1000
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/12/2003 Document number: F03000000720
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.

515 E Park Avenue

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Maureen C. Faricy
Signature of an officer or director

Maureen C. Faricy, Assistant Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

By: Rebecca Barth
Signature of Registered Agent

2/24/11
Date

If signing on behalf of an entity:

Assistant Secretary
Rebecca Barth

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR28043 (8/05)

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