

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000720

FILED
Apr 19, 2011
Secretary of State

Entity Name: ARIZANT HEALTHCARE, INC.

Current Principal Place of Business:

3M CENTER
ST PAUL, MN 551441000

New Principal Place of Business:

3M CENTER, BLDG 224-5N-40
ST PAUL, MN 551441000

Current Mailing Address:

3M CENTER
ST PAUL, MN 551441000

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:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: P
Name: RECTENWALD, DEBRA A
Address: 10393 W 70TH STREET
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: T
Name: YEOMANS, JANET L
Address: 3M CTR, BLDG 224-5N-40
City-St-Zip: ST PAUL, MN 55144 US

Title: AT
Name: TORSETH, KIMBERLY M
Address: 3M CTR, BLDG 224-5N-40
City-St-Zip: ST PAUL, MN 55144

Title: S
Name: HARMS, MAUREEN A
Address: 3M CTR BLDG 224-5N-40
City-St-Zip: ST PAUL, MN 55144 US

Title: AS
Name: FARICY, MAUREEN C
Address: 3M CTR BLDG 224-5N-40
City-St-Zip: ST PAUL, MN 55144 US

Title: DIR
Name: WOODWICK SIDES, TERYL L
Address: 10393 W 70TH STREET
City-St-Zip: EDEN PRAIRIE, MN 55344 US

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: KIMBERLY M TORSETH

AT

04/19/2011

Electronic Signature of Signing Officer or Director

Date