

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90018 013 \*\*\*550.00

40092388



05112006 Chg-P CR2E034 (11/05)

4. FEI Number  
41-1939629

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F05000003775

1. Entity Name  
MINUTECLINIC, INC.



Principal Place of Business  
333 WASHINGTON AVENUE N., STE. 5000  
MINNEAPOLIS, MN 55401

Mailing Address  
333 WASHINGTON AVENUE N., STE. 5000  
MINNEAPOLIS, MN 55401

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
NATIONAL REGISTERED AGENTS, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \$550.00  
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HOWE, MICHAEL C 333 WASHINGTON AVENUE N., STE. 5000 MINNEAPOLIS, MN 55401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Satorius, John A. 333 Washington Avenue N., Ste. 5000 Minneapolis, MN 55401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD WHITMAN, LINDA H 333 WASHINGTON AVENUE N., STE. 5000 MINNEAPOLIS, MN 55401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARLAND, THOMAS A 333 WASHINGTON AVENUE N., STE. 5000 MINNEAPOLIS, MN 55401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SWATFAGER, ANGIE 333 WASHINGTON AVENUE N., STE. 5000 MINNEAPOLIS, MN 55401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Swatfager, Angie 333 Washington Avenue N., Ste. 5000 Minneapolis, MN 55401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTAFSON, BRIAN 333 WASHINGTON AVENUE N., STE. 5000 MINNEAPOLIS, MN 55401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, GLEN 333 WASHINGTON AVENUE N., STE. 5000 MINNEAPOLIS, MN 55401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John A. Satorius May 11, 2006 (612) 492-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40092388

#F0500003775

**Fredrikson**  
BYRON, P.A.

May 12, 2006

Florida Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Ladies and Gentlemen:

Enclosed for filing on behalf of MinuteClinic, Inc. is its 2006 Annual Report. Also enclosed is our check in the amount of \$550.00 to cover the requisite filing fee.

Please acknowledge receipt of the enclosed filing by signing or stamping the enclosed "Receipt Copy" of this letter and returning it to the undersigned in the self-addressed, stamped envelope.

If you have any questions or need additional information, please contact the undersigned.

Sincerely,

*Margaret Stanley*

Margaret Stanley  
Senior Paralegal  
Direct Dial: 612.492.7634  
Email: mstanley@fredlaw.com

ms/4029765\_1.DOC  
Enclosures

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