2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005503

Entity Name: WELLMED MEDICAL MANAGEMENT, INC.

FILED Apr 02, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8637 FREDERICKSBURG ROAD 8637 FREDERICKSBURG ROAD

SUITE 360 SUITE 360

SAN ANTONIO, TX 78240 SAN ANTONIO, TX 78240 US

Current Mailing Address: New Mailing Address:

8637 FREDERICKSBURG ROAD 8637 FREDERICKSBURG ROAD

SUITE 360 SUITE 360

SAN ANTONIO, TX 78240 SAN ANTONIO, TX 78240 US

FEI Number: 74-2786364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: PRES

Name: GRUNDHOEFER, BRYAN DAVID PRES Address: 8637 FREDERICKSBURG ROAD SUITE 360

City-St-Zip: SAN ANTONIO, TX 78240 US

Title: SEC

Name: DIOGUARDI, MICHAEL JOHN SEC Address: 6300 GOLDEN VALLEY ROAD City-St-Zip: GOLDEN VALLEY, MN 55427 US

Title: TREA

Name: OBERRENDER, ROBERT WORTH TREA

Address: 9900 BREN ROAD EAST City-St-Zip: MINNETONKA, MN 55343

Title: DIR

Name: MUNSELL, WILLIAM ARNOLD DIR Address: 9900 BREN ROAD EAST City-St-Zip: MINNETONKA, MN 55343 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: MANDELINE HENDRICKS POA 04/02/2012