## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000005602

Entity Name: CAREMEDIC SYSTEMS, INC.

FILED Jan 07, 2011 Secretary of State

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

800 CARILLON PARKWAY SUITE 250

ST. PETERSBURG, FL 33716 US

Current Mailing Address: New Mailing Address:

12125 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344 US

FEI Number: 42-1464363 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:

CT CORPORATION SYSTEM

1200 S PINE ISLAND RD

PLANTATION, FL 33324 US

CT 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: 01/07/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

 Name:
 SLAVITT, ANDREW M

 Address:
 12125 TECHNOLOGY DRIVE

 City-St-Zip:
 EDEN PRAIRIE, MN 55344 US

Title: SEC

Name: KEITEL, KARIN A

Address: 12125 TECHNOLOGY DRIVE City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: VP

Name: VALENTA, LEE D

Address: 12125 TECHNOLOGY DRIVE City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: DIR

Name: SLAVITT, ANDREW M
Address: 12125 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: ASEC

 Name:
 SPICOLA, BRIGID M

 Address:
 12125 TECHNOLOGY DRIVE

 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: BRIGID M. SPICOLA ASEC 01/07/2011