2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# F98000005602

Entity Name: CAREMEDIC SYSTEMS, INC.

Current Principal Place of Business:

800 CARILLON PARKWAY
SUITE 250
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

12125 TECHNOLOGY DRIVE
EDEN PRAIRIE, MN 55344 US

New Mailing Address:

13625 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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: PRES
Name: SLAVITT, ANDREW M
Address: 13625 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: SEC
Name: KEITEL, KARIN A
Address: 13625 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: VP
Name: VALENTA, LEE D
Address: 13625 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: DIR
Name: SLAVITT, ANDREW M
Address: 13625 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: ASEC
Name: SPICOLA, BRIGID M
Address: 13625 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 01/11/2012

Electronic Signature of Signing Officer or Director Date