

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001572

Entity Name: OVATIONS, INC.

FILED
Mar 30, 2011
Secretary of State

Current Principal Place of Business:

UNITEDHEALTH GROUP CENTER
9701 DATA PARK DRIVE
MINNETONKA, MN 55343

New Principal Place of Business:

UNITEDHEALTH GROUP CENTER
9900 BREN ROAD EAST
MINNETONKA, MN 55343

Current Mailing Address:

UNITEDHEALTH GROUP CENTER
9701 DATA PARK DRIVE
MINNETONKA, MN 55343

New Mailing Address:

UNITEDHEALTH GROUP CENTER
9900 BREN ROAD EAST
MINNETONKA, MN 55343

FEI Number: 41-1921007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: D/P
Name: RENFRO, LARRY CHESTER
Address: UNITEDHEALTH GROUP CENTER, 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: SEC
Name: PALME-KRIZAK, CHRISTINA R
Address: UNITEDHEALTH GROUP CENTER, 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: TREA
Name: OBERRENDER, ROBERT WORTH
Address: UNITEDHEALTH GROUP CENTER, 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: VP
Name: KELLY, JOHN WILLIAM
Address: UNITEDHEALTH GROUP CENTER, 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: DIR
Name: PAUL, THOMAS STANLEY
Address: UNITEDHEALTH GROUP CENTER, 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

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: MANDELIN HENDRICKS

POA

03/30/2011

Electronic Signature of Signing Officer or Director

Date