

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G26143**

1. Corporation Name

CAC Management, Inc.

Principal Place of Business

75 Valencia Avenue
Coral Gables, FL 33134

Mailing Address

MR MN08-8313
9900 Bren Road East, #300
Minnetonka, MN 55343

3. Date Incorporated or Qualified

2/24/83

3a. Date of Last Report

4/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2287153

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent's authorized representative

Signature of registered agent or registered agent's authorized representative

Date

12. OFFICERS AND DIRECTORS

TITLE ☒ PRESIDENT and Director ☐ DELETE
NAME ☒ William W. McGuire, M.D.
STREET ADDRESS 9900 Bren Road East, #300
CITY-ST-ZIP Minnetonka, MN 55343

TITLE ☐ EXEC. V.P. and Director ☐ DELETE
NAME ☐ Travers H. Wills
STREET ADDRESS 9900 Bren Road East, #300
CITY-ST-ZIP Minnetonka, MN 55343

TITLE ☒ V.P., Treas. and Director ☐ DELETE
NAME ☒ David P. Koppe
STREET ADDRESS 9900 Bren Road East, #300
CITY-ST-ZIP Minnetonka, MN 55343

TITLE ☒ SECRETARY ☐ DELETE
NAME ☒ Brigid M. Spicola
STREET ADDRESS 9900 Bren Road East, #300
CITY-ST-ZIP Minnetonka, MN 55343

TITLE ☒ ASSISTANT SECRETARY ☐ DELETE
NAME ☒ Kevin H. Roche
STREET ADDRESS 9900 Bren Road East, #300
CITY-ST-ZIP Minnetonka, MN 55343

TITLE ☐ VICE PRES. - TAXES ☐ DELETE
NAME ☐ Diane L. Flottesmesch
STREET ADDRESS 9900 Bren Road East, #300
CITY-ST-ZIP Minnetonka, MN 55343

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brigid M. Spicola, Secretary

5/22/96

Date

(612) 936-1709

Telephone Number

CR2E034 (12/95)

700001845597
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***225.00

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