

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000086359

FILED  
Feb 17, 2012  
Secretary of State

Entity Name: CLINICSAFE, LLC

**Current Principal Place of Business:**

610 NORTH MAIN STREET  
SUITE 375  
STILLWATER, MN 55082 US

**New Principal Place of Business:**

**Current Mailing Address:**

610 NORTH MAIN STREET  
SUITE 375  
STILLWATER, MN 55082 US

**New Mailing Address:**

FEI Number: 45-2803715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HART, SHEL  
Address: 1420 CELEBRATION BOULEVARD; SUITE 200  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM  
Name: LOMAN, GREG  
Address: 1420 CELEBRATION BOULEVARD; SUITE 200  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM  
Name: CRABTREE, TODD  
Address: 610 NORTH MAIN STREET; SUITE 350  
City-St-Zip: STILLWATER, MN 55082 US

Title: MGRM  
Name: CHAFFEE, ROB  
Address: 610 NORTH MAIN STREET; SUITE 350  
City-St-Zip: STILLWATER, MN 55082 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TODD CRABTREE

CEO

02/17/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date