2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: TARGET CLINIC MEDICAL ASSOCIATES FLORIDA, LLC

Current Principal Place of Business:

1000 NICOLLET MALL
MINNEAPOLIS, MN 55403

New Principal Place of Business:

Current Mailing Address:

1000 NICOLLET MALL
MINNEAPOLIS, MN 55403

New Mailing Address:

1000 NICOLLET MALL
TPS-2672
MINNEAPOLIS, MN 55403

FEI Number: 27-2533541 **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

MANAGING MEMBERS/MANAGERS:

Title: MGRP
Name: JONES, KERI
Address: 1000 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55403

Title: VP
Name: MULLIGAN, JOHN J
Address: 1000 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55403

Title: VP S
Name: WAHLIG, MICHAEL J
Address: 1000 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55403

Title: VP
Name: BAER, MARC
Address: 1000 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55403

Title: AT
Name: JOHNSON, PATRICIA A
Address: 1000 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55403

Title: AT
Name: ROSS, SARA J
Address: 1000 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55403

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 Statues.

SIGNATURE: MICHAEL J. WAHLIG VP 04/11/2011

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