2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002608

Entity Name: TARGET CLINIC MEDICAL ASSOCIATES FLORIDA, LLC

FILED Apr 12, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1000 NICOLLET MALL MINNEAPOLIS, MN 55403 1000 NICOLLET MALL TPS 2672

MINNEAPOLIS, MN 55403

Current Mailing Address: 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: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: MGR

 Name:
 BARRA, JOSE

 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: SEC

 Name:
 DONLIN, DAVID L

 Address:
 1000 NICOLLET MALL

 City-St-Zip:
 MINNEAPOLIS, MN 55403

Title: VF

 Name:
 LEUTY, CARTER J

 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: DAVID L. DONLIN SEC 04/12/2012