

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006203

FILED
Jan 27, 2012
Secretary of State

Entity Name: UNIVITA CARE MANAGEMENT SERVICES LLC

Current Principal Place of Business:

3700 COMMERCE PARKWAY, SUITE B
MIRAMAR, FL 33025

New Principal Place of Business:

11000 PRAIRIE LAKES DRIVE
SUITE 600
EDEN PRAIRIE, MN 55344

Current Mailing Address:

3700 COMMERCE PARKWAY, SUITE B
MIRAMAR, FL 33025

New Mailing Address:

11000 PRAIRIE LAKES DRIVE
SUITE 600
EDEN PRAIRIE, MN 55344

FEI Number: 30-0706195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEOP
Name: BAUDE, BRUCE
Address: 11000 PRAIRIE LAKES DRIVE SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VPT
Name: SJOBECK, JEFFREY J
Address: 11000 PRAIRIE LAKES DRIVE SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: SVPS
Name: COGGINS, EILEEN M
Address: 8601 N. SCOTTSDALE ROAD SUITE 335
City-St-Zip: SCOTTSDALE, AZ 85253

Title: GC
Name: COGGINS, EILEEN M
Address: 8601 N. SCOTTSDALE ROAD SUITE 335
City-St-Zip: SCOTTSDALE, AZ 85253

Title: MMBR
Name: ARROW HOLDINGS LLC
Address: 11000 PRAIRIE LAKES DRIVE SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

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: EILEEN M. COGGINS

SVP

01/27/2012

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