FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P07991** **(3)**

1. Corporation Name

HEALTHSPAN SERVICES COMPANY

Principal Place of Business	Mailing Address
ATTN: LINDA DALEY 5601 SMETANA DRIVE MINNETONKA MN 55343	ATTN: LINDA DALEY 5601 SMETANA DRIVE MINNETONKA MN 55343

3. Date Incorporated or Qualified: **11/05/1995**

3a. Date of Last Report: **06/21/1995**

2. Principal Place of Business
21 5601 Smetana Drive
22 Suite, Apt. #, etc.
23 Minnetonka, MN
24 Zip: 55343 25 Country: USA

2a. Mailing Address
26 P.O. Box 9310
27 Suite, Apt. #, etc.
28 Minneapolis, MN
29 Zip: 55440-9310 30 Country: USA

4. FEI Number: **41-1249999** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAIR, RICHARD S.		1.2 NAME		
STREET ADDRESS	40 NORTHEAST 66 1/2 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FRIDLEY MN		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	SPRENGER, GORDON M		2.2 NAME		D
STREET ADDRESS	5512 KNOLL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	NORTH, FOSTER D.		3.2 NAME		D
STREET ADDRESS	3 DON BUSH ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH OAKS MN		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BOO, MICHAEL		4.2 NAME		
STREET ADDRESS	17929 SECOND AVENUE NORTH		4.3 STREET ADDRESS	17925 Second Avenue North	
CITY-ST-ZIP	PLYMOUTH MN		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Richard S Blair 2/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard S. Blair, Secretary/Treasurer (612) 992-3635

HEALTHSPAN SERVICES COMPANY,

April 1995

OFFICERS:

President:	Gordon M. Sprenger 5512 Knoll Drive Edina, MN 55436 SS#: 469-38-8213
Vice President:	Foster D. North Three Don Bush Road North Oaks, MN 55110 SS#: 257-70-4088
Vice President:	Michael Boo 17925 Second Avenue North Plymouth, MN 55447 SS#: 473-66-8251
Secretary/Treasurer:	Richard S. Blair 40 Northeast 66-1/2 Way Fridley, MN 55432 SS#: 468-38-9961

DIRECTORS:

Gordon M. Sprenger
Foster D. North
Richard S. Blair