

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000720

Entity Name: ARIZANT HEALTHCARE, INC.

Current Principal Place of Business:

3M CENTER, BLDG 224-5N-40
ST PAUL, MN 55144-1000

Current Mailing Address:

3M CENTER, BLDG 224-5N-40
ST PAUL, MN 55144-1000 US

FEI Number: 37-1455988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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

Officer/Director Detail :

Title P
Name RECTENWALD, DEBRA A
Address 10393 W 70TH STREET
City-State-Zip: EDEN PRAIRIE MN 55344

Title T
Name YEOMANS, JANET L
Address 3M CTR, BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144

Title AT
Name TORSETH, KIMBERLY M
Address 3M CTR, BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144

Title S
Name HARMS, MAUREEN A
Address 3M CTR BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144

Title AS
Name FARICY, MAUREEN C
Address 3M CTR BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144

Title DIR
Name BUEHLER, ROBERT G
Address 3M CENTER
City-State-Zip: ST PAUL MN 55144-1000

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY M TORSETH

ASST TREASURER

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date