

1.) CORPORATION NAME:

PROVATION MEDICAL, INC.

DUE DATE: **2/28/2011**

SCC ID NO: **F1816562**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 WASHINGTON AVE NORTH

CITY/ST/ZIP: MINNEAPOLIS, MN 55401-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PETER F HEALY
TITLE: VP/ASST SEC &TR
ADDRESS: 2700 LAKE COOK RD
CITY/ST/ZIP/CO: RIVERWOODS, IL 60015-

OFFICER

DIRECTOR

NAME: DEIDRA D GOLD
TITLE: SEC/EVP
ADDRESS: 2700 LAKE COOK RD
CITY/ST/ZIP/CO: RIVERWOODS, IL 60015-

OFFICER

DIRECTOR

NAME: ARVIND SUBRAMANIAN
TITLE: DIRECTOR
ADDRESS: 800 WASHINGTON AVE NORTH
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55401-

OFFICER

DIRECTOR

NAME: KEVIN ENTRICKEN
TITLE: PRESIDENT
ADDRESS: 2001 MARKET STREET
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: RICHARD J PARKER
TITLE: VICE PRESIDENT
ADDRESS: 2700 LAKE COOK ROAD
CITY/ST/ZIP/CO: RIVERWOODS, IL 60015-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ RICHARD J PARKER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>RICHARD J PARKER, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>2/7/2011</u> DATE
---	--	-------------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.