



85 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 www.commerce.state.mn.us 651.296.4026 FAX 651.297.1959 An equal opportunity employer

April 11, 2011

SUZANNE C CUMMINGS LAW OFFICES OF SUZANNE C CUMMINGS TWO MAIN STREET SUITE 300 STONEHAM, MA 02180

Re: F-6442

ACTIKARE INC ACTIKARE IN-HOME CARE SERVICES F/A

Dear Ms. Cummings:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is December 31, 2011.

Sincerely,

MIKE ROTHMAN Commissioner

By:

Daniel Sexton Commerce Analyst Supervisor Registration Division (651) 296-4520

MR:DES:dlw



STATE OF MINNESOTA DEPARTMENT OF COMMERCE REGISTRATION DIVISION (651) 296-2211

IN THE MATTER OF THE REGISTRATION OF: ACTIKARE IN-HOME CARE SERVICES F/A
By ACTIKARE INC

ORDER AMENDING REGISTRATION

WHEREAS, an application to amend the registration and amendment fee have been filed,

IT IS HEREBY ORDERED that the registration dated June 17, 2010, is amended as of the date set forth below.

MIKE ROTHMAN

Commissioner

Department of Commerce

85 7th Place East, Suite 500

St Paul, MN 55101

Date: April 11, 2011





UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. **F-6442**

State:	Minnesota	Fee:	S3(800.00			
APPL	ICATION FOR (Check only one):						
	INITIAL REGISTRATION OF AN OFFER AND S	ALE O	F FR	RANCH	ISES		
<u>X</u>	RENEWAL APPLICATION OR ANNUAL REPOR	RT					
	PRE-EFFECTIVE AMEN DM ENT						
	POST-EFFECTIVE MATERIAL AMENDMENT						
1.	Full legal name of Franchisor:						
	ActiKare, Inc.						
2.	Name of the franchise offering:						
	ActiKare In-Home Care Services						
3.	Franchisor's principal business address:						
	15310 Amberiy Drive, Suite 185 Tampa, FL 33647						
4.	Name and address of Franchisor's agent in this State process.	e author	rized	d to rece	ive service	of	
	Commissioner of Commerce Minnesota Department of Commerce 85 7 th Place East, Suite 500 St. Paul, MN 55101-2198				4-	(]-	- (<i>(</i>
					Ah		- 11 Aniens 6-17-10
5.	The states in which this application is or will be sho	ortly on	file:	:	12131		6-17-10
	California, Illinois, Indiana, Michigan, Minnesot Dakota, Rhode Island, South Dakota, Virginia, V					orth	

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