FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01901

1. Corporation Name

XVIII B MEDI MART, INC.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The state of the s									
Principal Place	of Rusiness	Mailing Address					OI ISON BIOSI DID	II 818 11 B		.11 01011 6601
B121 10TH AVE. N. GOLDEN VALLEY MN 55427 GOLDEN VALLEY MN 55427										
And the second section of the						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						05/07/1984				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		L	App	lied For
21	26					77 12 10000				Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired				iditional	
22 27					C. Commonto di Citato I I I I I I I I I I I I I I I I I I I			e Req		
City & State City & State					6. Election Campaign Financing				/lay Be	
23		28				Trust Fund Contribution		Add	ded to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	-		_	٦.,
24	25	29	30			Personal Property Tax.		Yes		□No
	9. Name and Address of Curre	nt Registered Agent		81 N	1	10. Name and Address of New F	legisterea A	gent	—	
CTO	CORPORATION SYSTEM			°' ^	lame					
C T CORPORATION SYSTEM					32 Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324										
FLAIT	ITATION PL 33324			83						
				84 C	ity			85	Zip Co	ode
				-	•		FL	بلل		
office or re agent. I ai	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was a	uthorized	by the	emed corp corporation	oration submits this statement for the on's board of directors. I hereby accept	t the appoin	nanging tment a	g its re is regi	stered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered	Agent sig	nature require	d when reinstating)	DATE			
12.	OFFICERS At	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS ANI			
TITLE	V	☐ DELETE	DELETE 1.1 TITLE					Cha	nge	☐ Addition
NAME	KEELER, GARY H		1.2 NA	ME	ļ					
STREET ADDRESS	ESS 8121 10TH AVENUE NORTH		1.3 ST	REET ADO	DRESS					
CITY-ST-ZIP	GOLDEN VALLEY MN	VALLEY MN 1.4		Y-ST-ZIF	,					
TITLE	D	☐ DELETE	2.1 TIT	LE				Char	nge	☐ Addition
NAME	WATSON, DOUGLAS G	221				HUL C JULIAN				
STREET ADDRESS	556 MORRIS AVE		2.3 ST		DRESS 8	741 LANDMARK ROAD				
CITY-ST-ZIP	SUMMIT NJ	<u></u>	2. 4 CITY-S		P R	ICHMOND VA 13118				
TITLE	DCP	☐ DELETÉ	3.1 TITLE					Char	nge	Addition
NAME	CARR, ROBERT G.		3.2 NAME							
STREET ADDRESS	8121 10TH AVE N		3.3 STREE		DRESS					
CITY-ST-ZIP	GOLDEN VALLEY MN		3.4. CI	TY-ST-ZI	Р					
TITLE	D	☐ DELETE	4.1 TT	LE	· a	τ		Chai	nge	☐ Addition
NAME	EBELING, THOMAS		4. 2 NAME		NI	CHOLAS A LOIACONO				
STREET ADDRESS	LICHATE ACCE OF CIT 4000		4.3 STREE		511200	NE POST STREET				
CITY-ST-ZIP	BASEL SW		4.4 CITY-S		, Se	N FRANCISCO CA 94104				
TITLE	S	☐ DELETE	5.1 TITLE		q	s		⊠ Chai	nge	Addition
NAME	VANCE-BRYAN, DIANA 52 N		5.2 NA	ME	NF	ANCY A MILLER				
STREET ADDRESS	AAAA AATTI ALEENNE MARTI		5.3 ST	REET ADI	DRESS OF	NE POST STREET				
CITY-ST-ZIP	GOLDEN VALLEY MN		5.4 CI	ry-st-zif	5 P	IN FRANCISCO CA 94104				
TITLE		☐ DELETE	6.1 TIT	LE				Cha	ınge	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 togetee 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, with all other like empowered.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

James E Thompson

(612) 595 - 6000

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90042 011 ***150.00

Daytime Phone #

545393-90042-11 Doc# PDIGOI

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XVIII B Medi Mart, Inc. Directors and Officers Listing As Of December 1998

Officers	Officers Title	Address
Paul C. Julian	Chairman of the Board	8741 Landmark Road, Richmond, VA 23228
Robert G. Carr	President and Chief Executive Officer	8121 10th Avenue North, Golden Valley, MN, 55427
John A. Gappa	Sr. VP, Reimbursement, Chief Financial Officer and Assistant	515 (15 to
зони г. Зарра	Treasurer	8121 10th Avenue North, Golden Valley, MN, 55427
Diana Vance-Bryan	VP, Human Resources, General Counsel and Assistant	, ,,,, ,, ,
2,410 21,41	Secretary	8121 10th Avenue North, Golden Valley, MN, 55427
James E. Thompson	Assistant Secretary	8121 10th Avenue North, Golden Valley, MN, 55427
Nicholas A. Loiacono	VP and Treasurer	One Post Street, San Francisco, CA 94104
Nancy A. Miller	VP and Secretary	One Post Street, San Francisco, CA 94104
Gary H. Keeler	Senior Vice President, Sales and Marketing	8121 10th Avenue North, Golden Valley, MN, 55427
Glenette E. Babb	Assistant Secretary	One Post Street, San Francisco, CA 94104
L. Scott Bardowell	Assistant Secretary	8741 Landmark Road, Richmond, VA 23228
Michael L. Harris	Assistant Secretary	One Post Street, San Francisco, CA 94104
Dana T. lapicca	Assistant Secretary	One Post Street, San Francisco, CA 94104
Claudia K. Newbold	Assistant Secretary	One Post Street, San Francisco, CA 94104
James F. Regan	Assistant Secretary	One Post Street, San Francisco, CA 94104
Lincoln K. Walworth	Assistant Treasurer	One Post Street, San Francisco, CA 94104
Directors		
Robert G, Carr Paul C. Julian Nancy A, Miller Nicholas A. Loiacono		8121 10th Avenue North, Golden Valley, MN, 55427 8741 Landmark Road, Richmond, VA 23228 One Post Street, San Francisco, CA 94104 One Post Street, San Francisco, CA 94104