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CI / SIGN OF CORPORATIONS

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHRONIMED, INC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KENNETH S GUENTHER  
(Name of Person)  
CHRONIMED INC  
(Firm/Company)  
10900 RED CIRCLE DR  
(Address)  
MINNETONKA MN 55343  
(City/State and Zip code)

For further information concerning this matter, please call:

SOME at (952) 979-3600  
(Name of Person) (Area Code & Daytime Telephone Number)

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CHRONI MED Inc  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MINNESOTA 3. 41-1515691  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-12-85 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1-2003  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 10900 REA CIRCLE DR MINNETONKA MN 55343  
(Principal office address)

SAKE  
(Current mailing address)

8. SPECIALTY PHARMACY -  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

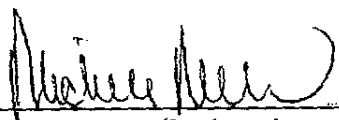
Name: CT CORPORATION SYSTEMS

Office Address: 1200 S. PINE ISLAND RD

PLANTATION, Florida 33324  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature) **Michele Miller**  
**Assistant Secretary**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: SEE ATTACHED

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kenneth S. Genthner  
(Signature of Director or Officer listed in number 12 of the application)

14. KENNETH S. GENTHNER  
(Typed or printed name and capacity of person signing application)

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***Chronimed Officers***

<b><i>Name</i></b>		<b><i>Business Address/Phone</i></b>
<b>Henry F. Blissenbach</b> <b>Chairman</b> <b>President &amp; CEO</b>		Chronimed, Inc. 10900 Red Circle Dr. Minnetonka, MN 55343 952-979-3805 (phone) 952-352-6605 (fax) <a href="mailto:hblissen@chronimed.com">hblissen@chronimed.com</a>
<b>Gregory H. Keane</b> <b>Chief Financial Officer</b>		Chronimed, Inc. 10900 Red Circle Dr. Minnetonka, MN 55343 952-979-3852 (phone) 952-352-6667 (fax) <a href="mailto:gkeane@chronimed.com">gkeane@chronimed.com</a>
<b>Brian J. Reagan</b> <b>V.P. Corporate Development</b>		Chronimed, Inc. 10900 Red Circle Dr. Minnetonka, MN 55343 952-979-3922 (phone) 952-352-6604 (fax) <a href="mailto:bregan@chronimed.com">bregan@chronimed.com</a>
<b>Kenneth S. Guenther</b> <b>General Counsel</b> <b>Corporate Secretary</b>		Chronimed, Inc. 10900 Red Circle Dr. Minnetonka, MN 55343 952-979-3815 (phone) 952-352-6615 (fax) <a href="mailto:kguenther@chronimed.com">kguenther@chronimed.com</a>
<b>Tony J. Zappa</b> <b>V.P. Operations</b>		Chronimed, Inc. 10900 Red Circle Dr. Minnetonka, MN 55343 952-979-3924 (phone) 952-352-6609 (fax) <a href="mailto:tzappa@chronimed.com">tzappa@chronimed.com</a>
<b>Tom Staloch</b> <b>Chief Information Officer</b>		Chronimed Inc. 10900 Red Circle Dr. Minnetonka, MN 55343 952-979-3865 <a href="mailto:tstaloch@chronimed.com">tstaloch@chronimed.com</a>

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**Chronimed Inc. Board of Directors**

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03 NOV -3 AM 8:42

<i>Name</i>		<i>Business Address/Phone</i>
<b>Henry F. Blissenbach</b> Chairman President & CEO		Chronimed, Inc. 10900 Red Circle Dr. Minnetonka, MN 55343 952-979-3805 (phone) 952-352-6605 (fax)
<b>Tom Cusick</b> Director		2535 Avila Lane Naples, FL 34105 239-213-0973 (phone)
<b>Thomas F. Heaney</b> Director/Consultant		Sathe & Associates, Inc. Executive Search Specialists The Sathe Building, 5821 Cedar Lake Rd. Minneapolis, MN 55416 952-546-2100 (phone) 952-546-6930 (fax)
<b>Myron Holubiak</b> Director		HealthStar 100 Woodbridge Ctr. Dr. Suite 202 Woodbridge, NJ 07095 732-726-4391 (phone) 732-726-0943 (fax)
<b>David R. Hubers</b> Director/Consultant		9664 Mashie Ct. Naples, FL 34108-1996 239-591-0909 (phone) 239-591-0639 (fax)
<b>Karen Gilles Larson</b>		Synovis Life Technologies, Inc. 2575 University Avenue St. Paul, MN 55114-1024 651-603-3761 (phone) 651-642-9018 (fax)
<b>Charles V. Owens</b> Director/Consultant		2625 Greenleaf Blvd. Elkhart, IN 46514 574-264-9720 (phone) 574-262-4830 (fax) (Summer address) (no e-mail address)

<b>Stuart A. Samuels</b> <b>Director</b>		10900 Red Circle Dr Minnetonka MN 55343
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# State of Minnesota

## SECRETARY OF STATE

### Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

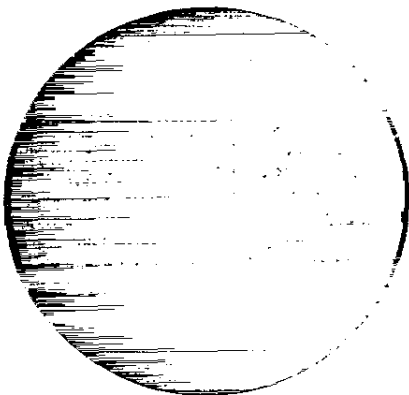
Name: Chronimed Inc.

Date Formed: 03/12/1985

Chapter Governed By: 302A

This certificate has been issued on 10/21/03.

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03 NOV -3 AM 8:42



*Mary Kiffmeyer*  
Secretary of State.