

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

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F96000002955 (0)

1. Corporation Name
CHRONIMED HOLDINGS INC.

Principal Place of Business
**13911 RIDGEDALE DR. SUITE 250
MINNETONKA MN 55305**

Mailing Address
**13911 RIDGEDALE DR. SUITE 250
MINNETONKA MN 55305**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10900 RED CIRCLE DR. Suite, Apt. #, etc. 22 City & State 23 MINNETONKA MN Zip 24 55343 Country 25 USA		2a. Mailing Address 26 10900 RED CIRCLE DR. Suite, Apt. #, etc. 27 City & State 28 MINNETONKA MN Zip 29 55343 Country 30 USA		3. Date Incorporated or Qualified 06/12/1996	
		4. FEI Number 41-1841437		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
--	--	--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MAURICE R II	1.2 NAME	
STREET ADDRESS	13911 RIDGEDALE DR, SUITE 250	1.3 STREET ADDRESS	10900 RED CIRCLE DR.
CITY-ST-ZIP	MINNETONKA MN 55305	1.4 CITY-ST-ZIP	MINNETONKA MN 55343
TITLE	VSTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKE, NORMAN A	2.2 NAME	
STREET ADDRESS	13911 RIDGEDALE DR, SUITE 250	2.3 STREET ADDRESS	10900 RED CIRCLE DR
CITY-ST-ZIP	MINNETONKA MN 55305	2.4 CITY-ST-ZIP	MINNETONKA MN 55343
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BLISSBACH, HENRY F.
STREET ADDRESS		3.3 STREET ADDRESS	PD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	10900 RED CIRCLE DR
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ANDERSON, PERRY
STREET ADDRESS		4.3 STREET ADDRESS	10900 RED CIRCLE DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MINNETONKA MN 55343
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 trustee 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.

SIGNATURE:

Norman A. Cocke

4/20/98 612 979 3600

CR2E034 (10/97)