

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

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 005 ***300.00

DOCUMENT # F96 000002955

1. Corporation Name

CHRONIMED HOLDINGS INC.
~~FOR~~

Principal Place of Business

10900 RED CIRCLE DR
MINNETONKA MN
55343

Mailing Address

10900 RED CIRCLE DR.
MINNETONKA MN 55343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/12/96

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

4. FEI Number

41-1841437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT 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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MAURICE R TAYLOR	
STREET ADDRESS	10900 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENRY F. BLISSENBAUGH	
STREET ADDRESS	10900 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERRY ANDERSON	
STREET ADDRESS	10900 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEVEN RUSSEK	
STREET ADDRESS	10900 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREGORY KEANE	
STREET ADDRESS	10900 RED CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KENNETH S. GUENTHER	
STREET ADDRESS	10900 RED CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Kenneth S. Guenther KENNETH S. GUENTHER 4/27/99 612 979 3815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)