

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

98 AUG 24 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0112135

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P16377

(4)

1. Corporation Name

CORPORATE HEALTH STRATEGIES, INC.

Principal Place of Business

450 COLUMBUS BLVD  
HARTFORD CT 06115

Mailing Address

450 COLUMBUS BLVD  
HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1987

4. FEI Number

13-3181633

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

300 OPUS CENTER, 9900 BREN RD

EAST

Suite, Apt. #, etc.

MINN-08-T202, ATTN LEGAL

City & State

MINNETONKA, MN

Zip

55343

Country

US

City & State

Zip

Country

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 ☐ DELETE

NAME  
ROCHE, KEVIN  
STREET ADDRESS  
300 OPUS CENTER, 9900 BREN RD E  
CITY-ST-ZIP  
MINNETONKA MN

TITLE ☐ DELETE

NAME  
SPICOLA, BRIGID M  
STREET ADDRESS  
300 OPUS CENTER, 9900 BREN RD E  
CITY-ST-ZIP  
MINNETONKA MN 55343

TITLE ☐ DELETE

NAME  
KOPPE, DAVID P  
STREET ADDRESS  
300 OPUS CENTER, 9900 BREN RD E  
CITY-ST-ZIP  
MINNETONKA MN 55343

TITLE ☐ DELETE

NAME  
WILLS, TRAVERS H  
STREET ADDRESS  
300 OPUS CENTER, 9900 BREN RD E  
CITY-ST-ZIP  
MINNETONKA MN 55343

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

KOPPE, DAVID P

300 OPUS CENTER, 9900 BREN RD E

MINNETONKA, MN 55343

T

WEISS, ALLAN J

5901 LINCOLN DR

EDINA, MN 55436

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:

BRIGID M SPICOLA 07/31/98

612-936-1738

CR2E034 (5/98)