

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002424

FILED
Jan 05, 2009
Secretary of State

Entity Name: PATTERSON MEDICAL SUPPLY, INC.

Current Principal Place of Business:

1031 MENDOTA HEIGHTS RD.
ATTN: DENIS SCHIRMERS
ST. PAUL, MN 55120

New Principal Place of Business:

Current Mailing Address:

1031 MENDOTA HEIGHTS RD.
ATTN: DENIS SCHIRMERS
ST. PAUL, MN 55120

New Mailing Address:

FEI Number: 20-4590834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPROAT, DAVID
Address: 1031 MENDOTA HEIGHTS RD.
City-St-Zip: ST. PAUL, MN 55120

Title: VTD () Delete
Name: ARMSTRONG, ROYCE
Address: 1031 MENDOTA HEIGHTS RD.
City-St-Zip: ST. PAUL, MN 55120

Title: S () Delete
Name: HEIM, DEBRA
Address: 270 REMINGTON ROAD
City-St-Zip: BOLINGBROOK, IL 60440

Title: AS () Delete
Name: LEVITT, MATTHEW L
Address: 1031 MENDOTA HEIGHTS RD.
City-St-Zip: ST. PAUL, MN 55120

Title: D () Delete
Name: WILTZ, JAMES
Address: 1031 MENDOTA HEIGHTS ROAD
City-St-Zip: ST. PAUL, M 5512

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROYCE S. ARMSTRONG

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01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date