FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845820** **(0)**

1. Corporation Name
OWENS & MINOR MEDICAL, INC.

Principal Place of Business	Mailing Address
P. O. BOX 27626 4800 COX RD. (GLEN ALLEN, VA 23060) RICHMOND VA 23261-7626	P. O. BOX 27626 4800 COX RD. (GLEN ALLEN, VA 23060) RICHMOND VA 23261-7626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1980**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **54-0327460** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MINOR, GILMER G. III	12 NAME		
STREET ADDRESS	4800 COX RD	13 STREET ADDRESS		
CITY-ST-ZIP	GLEN ALLEN VA	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	Senior VP	☒ Change ☐ Addition
NAME	DOZIER, GLENN J	22 NAME		
STREET ADDRESS	4800 COX RD	23 STREET ADDRESS		
CITY-ST-ZIP	GLEN ALLEN VA	24 CITY-ST-ZIP		
TITLE	VS	31 TITLE		☐ Change ☐ Addition
NAME	CARNEAL, DREW ST. J.	32 NAME		
STREET ADDRESS	4800 COX RD	33 STREET ADDRESS		
CITY-ST-ZIP	GLEN ALLEN VA	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	Executive VP	☒ Change ☐ Addition
NAME	BERLING, HENRY A.	42 NAME		
STREET ADDRESS	4800 COX RD	43 STREET ADDRESS		
CITY-ST-ZIP	GLEN ALLEN VA	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	Executive VP	☒ Change ☐ Addition
NAME	ANDERSON, ROBERT E.	52 NAME		
STREET ADDRESS	4800 COX RD	53 STREET ADDRESS		
CITY-ST-ZIP	GLEN ALLEN VA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	Executive Vice President	☒ Change ☐ Addition
NAME	FIFE, W. FRANK	62 NAME	Smith, Craig R.	[please delete Frank Fife]
STREET ADDRESS	4800 COX RD	63 STREET ADDRESS	4800 Cox Road	
CITY-ST-ZIP	GLEN ALLEN VA	64 CITY-ST-ZIP	Glen Allen, VA 23060	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ Robert E. Anderson 4-21-95 (804)747-9794
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000743 CP