

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 845820 (0)

1. Corporation Name

OWENS & MINOR MEDICAL, INC.

Principal Place of Business

P. O. BOX 27626
4800 COX RD. (GLEN ALLEN, VA 23060)
RICHMOND VA 23261-7626

Mailing Address

P. O. BOX 27626
4800 COX RD. (GLEN ALLEN, VA 23060)
RICHMOND VA 23261-7626



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/24/1980

3a. Date of Last Report

04/27/1995

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

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 if not applicable

Printed Name of Agent signing and submitting this statement

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

MINOR, GILMER G. III

STREET ADDRESS

4800 COX RD

CITY - ST - ZIP

GLEN ALLEN VA

TITLE

SVP

☐ DELETE

NAME

DOZIER, GLENN J

STREET ADDRESS

4800 COX RD

CITY - ST - ZIP

GLEN ALLEN VA

TITLE

VS

☐ DELETE

NAME

CARNEAL, DREW ST. J.

STREET ADDRESS

4800 COX RD

CITY - ST - ZIP

GLEN ALLEN VA

TITLE

EVP

☐ DELETE

NAME

BERLING, HENRY A.

STREET ADDRESS

4800 COX RD

CITY - ST - ZIP

GLEN ALLEN VA

TITLE

EVP

☐ DELETE

NAME

ANDERSON, ROBERT E.

STREET ADDRESS

4800 COX RD

CITY - ST - ZIP

GLEN ALLEN VA

TITLE

EVP

☐ DELETE

NAME

SMITH, CRAIG R

STREET ADDRESS

4800 COX RD

CITY - ST - ZIP

GLEN ALLEN VA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Vice President, TREASURER

☐ Change

☒ Addition

2. NAME

Richard F. Bozard

3. STREET ADDRESS

14304 Winter Ridge

4. CITY - ST - ZIP

Nidlothian, Virginia 23113

5. TITLE

Vice President, Quality & Comm

☐ Change

☒ Addition

6. NAME

Hugh Gaudthorpe Jr.

7. STREET ADDRESS

Route 10, Box 150

8. CITY - ST - ZIP

Old Church, Virginia 23111

9. TITLE

Vice President, Corporate Relation

☐ Change

☒ Addition

10. NAME

Hive Thomas

11. STREET ADDRESS

203 Wakefield Rd.

12. CITY - ST - ZIP

Richmond, VA 23221

13. TITLE

Vice President, Operations & Cost Management

☐ Change

☒ Addition

14. NAME

F. Thomas Spiley

15. STREET ADDRESS

2407 Mountainbrook Dr.

16. CITY - ST - ZIP

Richmond, VA 23233

☐ Change

☐ Addition

17. TITLE

500001832455

18. NAME

-05/21/96--01104--006

19. STREET ADDRESS

***200.00

20. CITY - ST - ZIP

☐ Change

☐ Addition

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)(k), 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:

Richard F. Bozard

Richard F. Bozard

4/24/96 (804)747-9794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)