


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 845820 (0)</b>					
<b>1. Corporation Name</b> <b>OWENS &amp; MINOR MEDICAL, INC.</b>					
<b>Principal Place of Business</b> P. O. BOX 27626 4800 COX RD. (GLEN ALLEN, VA 23060) RICHMOND VA 23261-7626			<b>Mailing Address</b> P. O. BOX 27626 4800 COX RD. (GLEN ALLEN, VA 23060) RICHMOND VA 23261-7626		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 04/24/1980 <b>3a. Date of Last Report</b> 05/01/1996	
<b>4. FEI Number</b> 54-0327460		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			
<b>9. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		<b>10. Name and Address of New Registered Agent</b>			
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
PD	MINOR, GILMER G. III	4800 COX RD	GLEN ALLEN VA		
SVP	DOZIER, GLENN J	4800 COX RD	GLEN ALLEN VA	<input checked="" type="checkbox"/> DELETE	
VS	CARNEAL, DREW ST. J.	4800 COX RD	GLEN ALLEN VA	<input type="checkbox"/> DELETE	
EVP	BERLING, HENRY A.	4800 COX RD	GLEN ALLEN VA	<input type="checkbox"/> DELETE	
EVP	ANDERSON, ROBERT E.	4800 COX RD	GLEN ALLEN VA	<input checked="" type="checkbox"/> DELETE	
EVP	SMITH, CRAIG R	4800 COX RD	GLEN ALLEN VA	<input type="checkbox"/> DELETE	
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Vice President, Treasurer	Richard F. Board	14204 Winter Ridge	Midlothian VA 23113		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
SA. Vice Pres. & Chief Financial Officer	Ann Green Pector	12314 Ashton Mill Terrace	Glen Allen, VA 23060		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Vice President, Quality & Comm.	Hugh Goldthorp E. Jr.	Route 10, Box 155	Old Church, VA 23111		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Vice President, Corporate Relations	Hue Thomas, III	203 Wakefield Rd.	Richmond, VA 23221		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>14. I do 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.</b>					
<b>SIGNATURE:</b> <i>Richard F. Board</i> <b>4-30-97</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)