A97000000761

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SEGRETARY OF STATE VLLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Physician Sales & Service, Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A97000000761

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Peter F. Souza

(Contact Person)

GEC Group, LLC

(Firm/Company)

2731 Executive Park Drive, Suite 4

(Address)

Weston, FL 33331

(City, State and Zip Code)

For further information concerning this matter, please call:

Peter F. Souza

(Name of Contact Person)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

INHS04 (01/06)

OWN

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Physician S	Sales & Service	, Limited Partne	ership		
Na	ame of Limited Partnersl	nip or Limited Liability L	imited Partnershi	p	
2 4/2/1997		3. A9	700000076	31	
Date of filing	g/registration in Florida		Florida docume		_
4. The name of the re Department of State:	egistered agent and the r	egistered office address a	s shown on the re		
•	C T CORPOR	RATION SYSTE	M	ALL	2010 FEB 25
		Name		至部	83
	1200 S. Pine	Island Road		ASS ASS	25
		Address		mo mo	
	Plantation, FL	. 33324		<u></u>	PH 2
		City, State and Zip		LORIDA	2: 13
5. The name and Flo	orida street address of the	e new registered agent and	l/or office:	P	ىن
	NRAI Services, I	nc.			
		Name			
	2731 Executive	Park Drive, Suite 4			
	Florida street a	ddress (P.O. Box not acce	eptable)		
	Weston	FL	, 33331		
\		City, State and Zip			
6. Such change(s) is	/are effective when filed	by the Florida Departmen	nt of State.		
Signature of General	Partner PSS WORLD M	EDICAL, INC., by PETER	R F. SOUZA, VIC	CE PRESIDENT	
I hereby accept the a comply with the provand I am familiar with NRAI Services	appointment as registered visions of all statutes rela th an accept the obligati Inc.	d agent and agree to act in ntive to the proper and col ons of my position as regi	mplete performar stered agent.	further agree to ace of my duties,	
Filing Fee: Certified Copy (\$35.00				

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TO: Registration Section

Division of Corporations

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(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A97000000761

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Please return all correspondence concerning this matter to:

Peter F. Souza

(Contact Person)

GEC Group, LLC

(Firm/Company)

2731 Executive Park Drive, Suite 4

(Address)

Weston, FL 33331

(City, State and Zip Code)

For further information concerning this matter, please call:

Peter F. Souza

(Name of Contact Person)

at (877) 261-6823 x1759
(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS04 (01/06)

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^ ·	Sales & Service, Limit		ahin
2.4/2/1997	ame of Limited Farmership of Limi	3. A9700000	•
<u></u>	'		ment number
4. The name of the r Department of State:	registered agent and the registered of	office address as shown on the	records of the Florid
	C T CORPORATIO	N SYSTEM	
	Nam	e	•
	1200 S. Pine Island	Road	
	Addre	ess	A. 4
	Plantation, FL 33324	4	EG E
	City, State		
5. The name and Flo	orida street address of the new regis	stered agent and/or office:	SECRETARY ALLAHASSEE
	NRAI Services, Inc.		
	Nam	e	Z: I4 STATE LORIDA
	2731 Executive Park Dri	ve, Suite 4	통취 구
(Florida street address (P.C). Box not acceptable)	
(Weston	FL 33331	
\	City, State		-
6. Such change(s) is	when filed by the Flo	rida Department of State.	
Signature of General	Partner PSS WORLD MEDICAL, I	NC., by PETER F. SOUZA, V	VICE PRESIDENT
comply with the prov	appointment as registered agent and visions of all statutes relative to the th an accept the obligations of my p	proper and complete perform	

Filing Fee: \$35.00 Certified Copy (optional): \$52.50

Signature of Registered Agent Karen L. Redman, Assistant Secretary