

A97000000761

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

**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 Sales & Service, Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/2/1997

Date of filing/registration in Florida

3. A97000000761

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM

Name

1200 S. Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner PSS WORLD MEDICAL, INC., by PETER F. SOUZA, VICE PRESIDENT

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

by: [Signature]

Signature of Registered Agent Karen L. Redman, Assistant Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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NRAI Services, Inc.

by:

Signature of Registered Agent Karen L. Redman, Assistant Secretary

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Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

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