

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000761

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PHYSICIAN SALES & SERVICE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4345 SOUTHPOINT BOULEVARD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4345 SOUTHPOINT BOULEVARD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3475763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: G36074  
Name: PSS WORLD MEDICAL, INC.  
Address: 4345 SOUTHPOINT BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DAVID D. KLARNER

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04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date