

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# A97000000761

1. Entity Name
PHYSICIAN SALES & SERVICE LIMITED PARTNERSHIP



FILED

03 APR 28 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
4345 SOUTHPOINT BOULEVARD
JACKSONVILLE FL 32256

Mailing Address
4345 SOUTHPOINT BOULEVARD
JACKSONVILLE FL 32256

2. Principal Place of Business
4345 Southpoint Blvd.
Suite, Apt. #, etc.

3. Mailing Address
4345 Southpoint Blvd.
Suite, Apt. #, etc.

4/28

DUE BY MAY 1, 2003

City & State
Jacksonville, FL
Zip 32216 Country

City & State
Jacksonville, FL
Zip 32216 Country

4. FEI Number 59-3475763

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$900.00

10. Amount of Capital Contributions
in FLORIDA to date.

40,016.100

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # G36074
NAME PSS WORLD MEDICAL, INC.
STREET ADDRESS 4345 SOUTHPOINT BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32256

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

400017211964

04/28/03--0111--009 **535.00

14. I 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 report is true and accurate and that my 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:

SIGNATURE REQUIRED

4/15/03

(904)332-3187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice President, PSS World Medical, Inc.

Date

Daytime Phone #

2003 UBR-3

0006413 AT

STAPLE CHECK HERE