


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90179 033 \*\*\*150.00

<b>DOCUMENT # F02000001879</b> 1. Entity Name <b>INGENIUM MEDICAL SUPPLY CHAIN SOLUTIONS, INC.</b>					
Principal Place of Business <b>1390 ENCLAVE PARKWAY HOUSTON, TX 77077</b>			Mailing Address <b>1390 ENCLAVE PARKWAY HOUSTON, TX 77077</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-3010018</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO RUDISILER, WALTER R 1501 LEWIS INDUSTRIAL DR JACKSONVILLE, FL 32254</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PLEASE SEE ATTACHED LIST</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SANDERS, DIANE D 1390 ENCLAVE PARKWAY HOUSTON, TX 77077</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT OATES, KATHY 1390 ENCLAVE PARKWAY HOUSTON, TX 77077</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV HOCKENBROCHT, ROY S 1501 LEWIS INDUSTRIAL DR JACKSONVILLE, FL 32254</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BROOKS, CONNIE S 1390 ENCLAVE PARKWAY HOUSTON, TX 77077</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VFS BECK, JAMES R 1501 LEWIS INDUSTRIAL DR JACKSONVILLE, FL 32254</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Connie S. Brooks Asst Secretary</b> <span style="float: right;">04/26/2005 281 584-1390</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

*Connie S. Brooks*

## INGENIUM Medical Supply Chain Solutions, Inc.

OFFICERS:	TITLE	NAME	MAILING ADDRESS
	President & CEO	Walter R. Rudisiler	1501 Lewis Industrial Drive, Jacksonville, FL 32254
	Executive Vice President	Roy S. Hockenbrocht	1501 Lewis Industrial Drive, Jacksonville, FL 32254
	Vice President	James R. Beck	1501 Lewis Industrial Drive, Jacksonville, FL 32254
	Vice President	Aaron I. Katz	1390 Enclave Parkway, Houston, TX 77077
	Vice President	Thomas P. Kurz	1390 Enclave Parkway, Houston, TX 77077
	Vice President	Michael C. Nichols	1390 Enclave Parkway, Houston, TX 77077
	Asst VP & Asst Secretary	Ann F. Gullion	1390 Enclave Parkway, Houston, TX 77077
	Treasurer	Diane Day Sanders	1390 Enclave Parkway, Houston, TX 77077
	Assistant Treasurer	Kathy Oates	1390 Enclave Parkway, Houston, TX 77077
	Assistant Secretary	Paula J. Blone	1390 Enclave Parkway, Houston, TX 77077
	Assistant Secretary	Connie S. Brooks	1390 Enclave Parkway, Houston, TX 77077
	Assistant Secretary	Linda S. DeLeon	1390 Enclave Parkway, Houston, TX 77077

DIRECTORS:	NAME	MAILING ADDRESS
	Michael C. Nichols	1390 Enclave Parkway, Houston, TX 77077
	Walter R. Rudisiler	1501 Lewis Industrial Drive, Jacksonville, FL 32254
	Stephen F. Smith	2225 Riverdale Road, College Park, GA 30349

ATTACHMENT

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