

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90979 012 \*\*\*150.00

0656026 AT

**DOCUMENT # F02000001879**

1. Entity Name  
**INGENIUM MEDICAL SUPPLY CHAIN SOLUTIONS, INC.**



Principal Place of Business  
**1390 ENCLAVE PARKWAY  
HOUSTON TX 77077**

Mailing Address  
**1390 ENCLAVE PARKWAY  
HOUSTON TX 77077**

**11021989**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-3010018**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE FL 32303**

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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BERKE, KENT R. 1390 ENCLAVE PARKWAY HOUSTON TX 77077	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV ROBINSON, BARRY 1390 ENCLAVE PARKWAY HOUSTON TX 77077	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANERS, DIANE D 1390 ENCLAVE PARKWAY HOUSTON TX 77077	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT OATES, KATHY 1390 ENCLAVE PARKWAY HOUSTON TX 77077	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT REED, TIMOTHY R 1390 ENCLAVE PARKWAY HOUSTON TX 77077	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROOKS, CONNIE S 1390 ENCLAVE PARKWAY HOUSTON TX 77077	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Please See Attached List*

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.

SIGNATURE: **SIGNATURE REQUIRED**

**KATHY OATES**

APR 24 2003

**281-584-1390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

FEIN: 75-3010018

INGENIUM Medical Supply Chain Solutions, Inc.

Attachment  
FO2000001879  
11081989

OFFICERS:	TITLE	NAME	MAILING ADDRESS
	President & CEO	Walter R. Rudisler	1501 Lewis Industrial Drive, Jacksonville, FL 32254
	Executive Vice President	Roy S. Hockenbrocht	1501 Lewis Industrial Drive, Jacksonville, FL 32254
	VP - Finance; Secretary	James R. Beck	1501 Lewis Industrial Drive, Jacksonville, FL 32254
	Vice President	Michael C. Nichols	1390 Enclave Parkway, Houston, TX 77077
	Treasurer	Diane Day Sanders	1390 Enclave Parkway, Houston, TX 77077
	Vice President	Aaron I. Katz	1390 Enclave Parkway, Houston, TX 77077
	Vice President	Thomas P. Kurz	1390 Enclave Parkway, Houston, TX 77077
	Asst VP & Asst Secretary	Ann F. Gullion	1390 Enclave Parkway, Houston, TX 77077
	Assistant Secretary	Connie S. Brooks	1390 Enclave Parkway, Houston, TX 77077
	Assistant Treasurer	Kathy Oates	1390 Enclave Parkway, Houston, TX 77077
	Assistant Secretary	Paula J. Bione	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. Rudisler	1501 Lewis Industrial Drive, Jacksonville, FL 32254
	Stephen F. Smith	2225 Riverdale Road, College Park, GA 30349