2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000000322

1. Entity Name
OWENS & MINOR MEDICAL, INC

Principal Place of Business	Mailing Address
9120 LOCKWOOD BLVD. MECHANICSVILLE, VA 23116	P.O. BOX 27626 RICHMOND, VA 23261

04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1959151
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES INC
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	SMITH, CRAIG R
STREET ADDRESS	9120 LOCKWOOD BLVD.
CITY-ST-ZIP	MECHANICSVILLE, VA 23116
TITLE	VT
NAME	BOZARD, RICHARD F
STREET ADDRESS	9120 LOCKWOOD BLVD.
CITY-ST-ZIP	MECHANICSVILLE, VA 23116
TITLE	VD
NAME	COLPO, CHARLES C
STREET ADDRESS	9120 LOCKWOOD BLVD.
CITY-ST-ZIP	MECHANICSVILLE, VA 23116
TITLE	VSD
NAME	DEN HARTOG, GRACE R
STREET ADDRESS	9120 LOCKWOOD BLVD.
CITY-ST-ZIP	MECHANICSVILLE, VA 23116
TITLE	V
NAME	MEARS, RICHARD W
STREET ADDRESS	9120 LOCKWOOD BLVD.
CITY-ST-ZIP	MECHANICSVILLE, VA 23116
TITLE	V
NAME	CAPE, OLWEN B
STREET ADDRESS	9120 LOCKWOOD BLVD.
CITY-ST-ZIP	MECHANICSVILLE, VA 23116

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05/14/08-80054-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Matalie Wood 4/21/08 804-723-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #