

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000322

FILED
Apr 12, 2011
Secretary of State

Entity Name: OWENS & MINOR MEDICAL, INC

Current Principal Place of Business:

9120 LOCKWOOD BLVD.
MECHANICSVILLE, VA 23116

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27626
RICHMOND, VA 23261

New Mailing Address:

FEI Number: 54-1959151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC
155 OFFICE PLAZA
SUITE A
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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SMITH, CRAIG R
Address: 9120 LOCKWOOD BLVD.
City-St-Zip: MECHANICSVILLE, VA 23116

Title: VT
Name: LOWRY, MIKE W
Address: 9120 LOCKWOOD BLVD.
City-St-Zip: MECHANICSVILLE, VA 23116

Title: VD
Name: COLPO, CHARLES C
Address: 9120 LOCKWOOD BLVD.
City-St-Zip: MECHANICSVILLE, VA 23116

Title: VSD
Name: DEN HARTOG, GRACE R
Address: 9120 LOCKWOOD BLVD.
City-St-Zip: MECHANICSVILLE, VA 23116

Title: V
Name: MEARS, RICHARD W
Address: 9120 LOCKWOOD BLVD.
City-St-Zip: MECHANICSVILLE, VA 23116

Title: V
Name: WARGO, NATALIE
Address: 9120 LOCKWOOD BLVD.
City-St-Zip: MECHANICSVILLE, VA 23116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE WARGO

V

04/12/2011

Electronic Signature of Signing Officer or Director

Date