

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90213 006 ***158.75

DOCUMENT # F93000002611

1. Entity Name
GULF SOUTH MEDICAL SUPPLY, INC.

Principal Place of Business

**4345 SOUTHPOINT BLVD
 JACKSONVILLE FL 32216**

Mailing Address

**4345 SOUTHPOINT BOULEVARD
 JACKSONVILLE FL 32216**

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 64-0831411

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)** ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.** ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE CEO ☐ Delete
NAME CORLESS, GARY
STREET ADDRESS 4345 SOUTHPOINT BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE S ☐ Delete
NAME SMITH, DAVID A
STREET ADDRESS 4345 SOUTHPOINT BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VP ☐ Delete
NAME GENTZ, TIM
STREET ADDRESS 4345 SOUTHPOINT BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPFO ☒ Delete
NAME HILTON, BRADLEY
STREET ADDRESS 426 CHRISTINE DR.
CITY-ST-ZIP RIDGELAND MS

TITLE VPT ☐ Delete
NAME ANDREASSEN, WILLIAM
STREET ADDRESS 426 CHRISTINE DR
CITY-ST-ZIP RIDGELAND MS

TITLE VP ☐ Delete
NAME OGLESEY, TONY
STREET ADDRESS 4345 SOUTHPOINT BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32216

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP OPERATIONS ☒ Change ☐ Addition
NAME BOB PARSONS
STREET ADDRESS 4345 SOUTHPOINT BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)