

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002611

FILED  
Feb 12, 2004  
Secretary of State

Entity Name: GULF SOUTH MEDICAL SUPPLY, INC.

## Current Principal Place of Business:

4345 SOUTHPOINT BLVD  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

4345 SOUTHPOINT BOULEVARD  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 64-0831411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: OGLESBY, TONY  
Address: 4345 SOUTHPOINT BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPT ( ) Delete  
Name: KLARNER, DAVID D  
Address: 4345 SOUTHPOINT BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPF ( ) Delete  
Name: SERAMUR, KEVIN  
Address: 4345 SOUTHPOINT BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPMG ( ) Delete  
Name: NUTTER, GARY  
Address: 4345 SOUTHPOINT BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: NUTTER, GARY  
Address: 4345 SOUTHPOINT BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: ENGLISH, KEVIN  
Address: 4345 SOUTHPOINT BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID KLARNER

VPT

02/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date