2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# F93000002611

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 BLVD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 64-0831411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
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: P
Name: CORLESS, GARY
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: BRONSON, DAVID
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPS
Name: DERIENZIS, JOSHUA
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPT
Name: KLARNER, DAVID
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: CORLESS, GARY
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: BRONSON, DAVID
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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: DAVID D KLARNER T 04/25/2012

Electronic Signature of Signing Officer or Director Date