

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001020 (4)**

1. Corporation Name

MEDICAL SPECIALTIES DISTRIBUTORS, INC.

Principal Place of Business

**58 NORFOLK AVENUE
SOUTH EASTON MA 02375**

Mailing Address

**58 NORFOLK AVENUE
SOUTH EASTON MA 02375**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1996

4. FEI Number

04-3164863

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHISNANT, JOHN W	<i>S. H. John</i>
STREET ADDRESS	58 NORFOLK AVENUE	<i>CARROLL STAN</i>
CITY-ST-ZIP	SOUTH EASTON MA	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOPKIN, KERRY G	<i>S. H. John</i>
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONRAD, EDWARD	
STREET ADDRESS	58 NORFOLK AVE	
CITY-ST-ZIP	SO EASTON MA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGLIVEA, STEPHEN	
STREET ADDRESS	58 NORFOLK AVE	
CITY-ST-ZIP	SO EASTON MA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAFFEY, STAN	
STREET ADDRESS	58 NORFOLK AVE	
CITY-ST-ZIP	SO EASTON MA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAKI, JOHN	
STREET ADDRESS	58 NORFOLK AVE	
CITY-ST-ZIP	SO EASTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	GAFFEY, STAN
1.4 CITY-ST-ZIP	SAME

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST
2.3 STREET ADDRESS	Sills, John
2.4 CITY-ST-ZIP	SAME

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

S. H. John

H. L. J.

580 228 8560

CR2E034 (10/97)