

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001020

1. Entity Name

MEDICAL SPECIALTIES DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

58 NORFOLK AVENUE
SOUTH EASTON MA 02375

58 NORFOLK AVENUE
SOUTH EASTON MA 02375-1907

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

04-3164863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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	ST	<input type="checkbox"/> Delete
NAME	SILLS, JOHN	
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	M	<input type="checkbox"/> Delete
NAME	SILVA, DAVID	
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA 02375	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90116 034 ***150.00

00011011



DO NOT WRITE IN THIS SPACE

1/19/2000 (508)238-2590