

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90280 006 ***150.00

DOCUMENT # F96000001020

1. Entity 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**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SILLS, JOHN
58 NORFOLK AVENUE
SOUTH EASTON MA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
SILLS, JOHN** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONRAD, EDWARD
58 NORFOLK AVE
SO EASTON MA** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JOSEPH H. BANE
58 NORFOLK AVENUE
SO EASTON, MA 02375** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PAGLIVEA, STEPHEN
58 NORFOLK AVE
SO EASTON MA** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JIM ROBINSON
58 NORFOLK AVENUE
SO EASTON, MA 02375** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAFFEY, STAN
58 NORFOLK AVE
SO EASTON MA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMAS SISTI
58 NORFOLK AVENUE
SO EASTON, MA 02375** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
SILVA, DAVID
58 NORFOLK AVENUE
SOUTH EASTON MA 02375** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SHELIA CLARK
58 NORFOLK AVENUE
SO EASTON, MA 02375** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RICHARD WORTHEN
58 NORFOLK AVENUE
SO. EASTON, MA 02375** ☐ Change ☒ Addition

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: Marsha Tucker **MARSHA TUCKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 508-238-8590

Date

Daytime Phone #

CR2E034 (10/00)