

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90362 032 ***550.00

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	P	<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 checked="" 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	VP	<input checked="" type="checkbox"/> Delete
NAME	CLARK, SHEILA	
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA 02375	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WORTHEN, RICHARD	
STREET ADDRESS	58 NORFOLK AVE	
CITY-ST-ZIP	SOUTH EASTON MA 02375	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, BRIAN	
STREET ADDRESS	58 NORFOLK AVE	
CITY-ST-ZIP	SO EASTON, MA 02375	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEATH, BRIAN	
STREET ADDRESS	58 NORFOLK AVE	
CITY-ST-ZIP	SO EASTON, MA 02375	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02

Date

508-238-8590

Daytime Phone #

CR2E034 (4/02)