


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90009 041 ***150.00

DOCUMENT # F96000001020 1. Entity Name MEDICAL SPECIALTIES DISTRIBUTORS, INC.					
Principal Place of Business 800 TECHNOLOGY CENTER DRIVE STOUGHTON, MA 02072			Mailing Address 800 TECHNOLOGY CENTER DRIVE STOUGHTON, MA 02072		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3164863	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILLS, JOHN 800 TECHNOLOGY CENTER DRIVE STOUGHTON, MA 02072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Rizzo, Michael 800 Technology Center Drive Stoughton, MA 02072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD, EDWARD 800 TECHNOLOGY CENTER DRIVE STOUGHTON, MA 02072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ferrel, Ralph III 800 Technology Center Drive Stoughton, MA 02072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, BRIAN 800 TECHNOLOGY CENTER DRIVE STOUGHTON, MA 02072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George, Kenn 800 Technology Center Drive Stoughton, MA 02072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAFFEY, STAN 800 TECHNOLOGY CENTER DRIVE STOUGHTON, MA 02072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATH, BRIAN 800 TECHNOLOGY CENTER DRIVE STOUGHTON, MA 02072	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO Heath, Brian 800 Technology Center Drive Stoughton MA 02072	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WORTHEN, RICHARD 800 TECHNOLOGY CENTER DRIVE STOUGHTON, MA 02072	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brian Heath</u> CFO 1-16-04 (781)344-6000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					