

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90249 022 ***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

800 Technology Center Drive

3. Mailing Address

800 Technology Center Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Stoughton MA

City & State

Stoughton MA

4. FEI Number

04-3164863

Applied For

Not Applicable

Zip

02072

Country

USA

Zip

02072

Country

USA

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SILLS, JOHN**
STREET ADDRESS **58 NORFOLK AVENUE**
CITY-ST-ZIP **SOUTH EASTON MA**

TITLE **P** ☒ Change ☐ Addition
NAME **SILLS, JOHN**
STREET ADDRESS **800 Technology Center Drive**
CITY-ST-ZIP **Stoughton MA 02072**

TITLE **D** ☐ Delete
NAME **CONRAD, EDWARD**
STREET ADDRESS **58 NORFOLK AVE**
CITY-ST-ZIP **SO EASTON MA**

TITLE **D** ☒ Change ☐ Addition
NAME **Conrad, Edward**
STREET ADDRESS **800 Technology Center Drive**
CITY-ST-ZIP **Stoughton MA 02072**

TITLE **D** ☐ Delete
NAME **MURPHY, BRIAN**
STREET ADDRESS **58 NORFOLK AVE**
CITY-ST-ZIP **SOUTH EASTON MA 02375**

TITLE **D** ☒ Change ☐ Addition
NAME **MURPHY, BRIAN**
STREET ADDRESS **800 Technology Center Drive**
CITY-ST-ZIP **Stoughton MA 02072**

TITLE **D** ☐ Delete
NAME **GAFFEY, STAN**
STREET ADDRESS **58 NORFOLK AVE**
CITY-ST-ZIP **SO EASTON MA**

TITLE **D** ☒ Change ☐ Addition
NAME **Gaffey, Stan**
STREET ADDRESS **800 Technology Center Drive**
CITY-ST-ZIP **Stoughton MA 02072**

TITLE **VP** ☐ Delete
NAME **HEATH, BRIAN**
STREET ADDRESS **58 NORFOLK AVENUE**
CITY-ST-ZIP **SOUTH EASTON MA 02375**

TITLE **VP** ☒ Change ☐ Addition
NAME **HEATH, BRIAN**
STREET ADDRESS **800 Technology Center Drive**
CITY-ST-ZIP **Stoughton MA 02072**

TITLE **VP** ☐ Delete
NAME **WORTHEN, RICHARD**
STREET ADDRESS **58 NORFOLK AVE**
CITY-ST-ZIP **SOUTH EASTON MA 02375**

TITLE **VP** ☒ Change ☐ Addition
NAME **WORTHEN, RICHARD**
STREET ADDRESS **800 Technology Center Drive**
CITY-ST-ZIP **Stoughton MA 02072**

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:

SIGNATURE REQUIRED

1-21-03

800-967-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)