

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90033 028 \*\*\*150.00

DOCUMENT # K06350

1. Corporation Name

MEDICAL DISTRIBUTORS, INC.

Principal Place of Business

800 PARK DR EAST  
C/O GLENDA KALT  
BOCA RATON FL 33432  
US

Mailing Address

800 PARK DR EAST  
C/O GLENDA KALT  
BOCA RATON FL 33432  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1987

4. FEI Number

65-0035713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WALSER, THOMAS C., ESQ.  
7015 BERACASA WAY  
#201  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KALT, GLENDA	
STREET ADDRESS	800 PARK DR. E.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	PEARCE, PERRY	
STREET ADDRESS	22082 MONTOYA DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	YATES, RONALD	
STREET ADDRESS	5030 CHAMPION BLVD, STE 246	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WALSER, THOMAS C.	
STREET ADDRESS	7015 BERACASA WAY 204	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	PEARCE, DESIREE	
STREET ADDRESS	5568 FOX HOLLOW DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (11/98)