2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# K91998

Entity Name: WALLACE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

3524-A TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3524-A TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0123477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, NINA L. S.
3524-A TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WALLACE, WAYNE L.,	
Address:	22223 BUFFALO AVE.	
City-St-Zip:	PT. CHARLOTTE, FL	
Title:	VP	( ) Delete
Name:	WALLACE, NINA L. S.,	
Address:	22223 BUFFALO AVE.	
City-St-Zip:	PT. CHARLOTTE, FL	
Title:	S	( ) Delete
Name:	SHAFFER, DELBERT E.,	
Address:	2200 BUTTONWOOD AVE.	
City-St-Zip:	PEMBROKE PINES, FL	
Title:	T	( ) Delete
Name:	SHAFFER, SARA E.,	
Address:	2200 BUTTONWOOD AVE.	
City-St-Zip:	PEMBROKE PINES, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINA L.S. WALLACE VP 04/29/2002

Electronic Signature of Signing Officer or Director — Date