2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007081

City-St-Zip: CORAL GABLES, FL 33134

Entity Name: MEDICAL SPECIALTIES DISTRIBUTORS, LLC

FILED Jul 13, 2007 Secretary of State

Current P	Principal Place of Business:	New Principal I	Place of Business:
	HNOLOGY CENTER DRIVE TON, MA 02072		
Current Mailing Address:		New Mailing Address:	
	HNOLOGY CENTER DRIVE TON, MA 02072		
In accordar	r: 20-3585845 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the limited liability c	• •	notice.
Name and	d Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:
11380 PR	ATE CREATIONS NETWORK, INC. OSPERITY FARMS ROAD #221E ACH GARDENS, FL 33410 US		
	e named entity submits this statement for the e of Florida.	e purpose of changing its reg	istered office or registered agent, or bot
SIGNATU	RE:		
	Electronic Signature of Registered A	gent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete RICO, JORGE 121 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134	Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	MGR () Delete FERNANDEZ, MICHAEL 121 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name:	MGR () Delete CABRERAEZ, MARCIO	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: BRIAN HEATH CFO 07/13/2007