

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000007081

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL SPECIALTIES DISTRIBUTORS, LLC

**Current Principal Place of Business:**

800 TECHNOLOGY CENTER DRIVE  
STOUGHTON, MA 02072

**New Principal Place of Business:**

3922 PEMBROKE ROAD  
PEMBROKE PARK, FL 33021

**Current Mailing Address:**

800 TECHNOLOGY CENTER DRIVE  
STOUGHTON, MA 02072

**New Mailing Address:**

**FEI Number:** 20-3585845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**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

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: BECK, JAMES  
Address: 800 TECHNOLOGY CENTER DRIVE  
City-St-Zip: STOUGHTON, MA 02072

Title: CFO  
Name: HEATH, BRIAN  
Address: 800 TECHNOLOGY CENTER DRIVE  
City-St-Zip: STOUGHTON, MA 02072

Title: MNGR  
Name: RICO, JORGE  
Address: 121 ALHAMBRA PLAZA, SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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.

SIGNATURE: BRIAN HEATH

CFO

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date