

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009938

FILED
Apr 25, 2012
Secretary of State

Entity Name: PSS/GULF SOUTH MEDICAL SUPPLY RELIEF FUND, INC.

Current Principal Place of Business:

4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-3536883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D
Name: CORLESS, GARY
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: KLARNER, DAVID
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: BRONSON, DAVID
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID D KLARNER

D

04/25/2012

Electronic Signature of Signing Officer or Director

Date