## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000079298

FILED Mar 01, 2011 Secretary of State

Entity Name: AXIUM HEALTHCARE WHOLESALE DRUGS AND MEDICAL, INC.

Current Principal Place of Business: New Principal Place of Business:

550 TECHNOLOGY PARK LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

550 TECHNOLOGY PARK LAKE MARY, FL 32746

FEI Number: 59-3684167 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MONTGOMERY, MARK C 550 TECHNOLOGY PARK LAKE MARY, FL 32746 US

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: TREA

Name: BUCHER, WILLIAM C
Address: 550 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

Title: PRES

Name: MONTGOMERY, MARK C Address: 550 TECHNOLOGY PARK City-St-Zip: LAKE MARY, FL 32746

Title: VP

Name: VAUGHN, GREGORY J Address: 23223 OAK CLUSTER DRIVE City-St-Zip: SORRENTO, FL 32776

Title: DIRE

Name: SCHWAB, NELSON III

Address: 201 NORTH TRYON STREET, SUITE 2450

City-St-Zip: CHARLOTTE, NC 28202 US

Title: DIRE

Name: GRIGG, CHARLES

Address: 201 NORTH TRYON STREET, SUITE 2450

City-St-Zip: CHARLOTTE, NC 28202 US

Title: DIRE

Name: BURKE, FRED P

Address: 1776 PEACHTREE ROAD NW, SUITE 310 SOUTH

City-St-Zip: ATLANTA, GA 30309 US

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

SIGNATURE: MARK C MONTGOMERY PRES 03/01/2011