2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005
Secretary of State

DOCUMENT# P02000090422

Entity Name: KIRBY HEALTHCARE DISTRIBUTORS, INC.

Current Principal Place of Business:

3972 SW 140TH AVE
DAVIE, FL 33330 US

New Principal Place of Business:

3265 MERIDIAN PARKWAY
130
WESTON, FL 33331 US

Current Mailing Address:

3972 SW 140TH AVE
DAVIE, FL 33330 US

New Mailing Address:

3265 MERIDIAN PARKWAY
WESTON, FL 33331 US

FEI Number: 42-1559854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OHFF, ERIC S
3972 SW 140TH AVE.
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

OHFF, ERIC S
3265 MERIDIAN PARKWAY
WESTON, FL 33331 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: 02/18/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: OHFF, ERIC S
Address: 3972 SW 140 AVE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: OHFF, ERIC S
Address: 3265 MERIDIAN PARKWAY
City-St-Zip: WESTON, FL 33331

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: ERIC OHFF MR 02/18/2005
Electronic Signature of Signing Officer or Director — Date