

P040000455/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

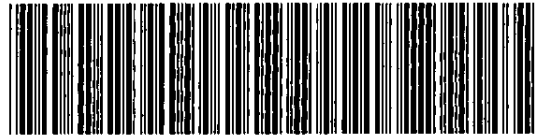
(Business Entity Name)

(Document Number)

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**National Registered Agents, Inc.**  
... "NRAI, the best choice for statutory representation"

September 15, 2009

Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

RE: 1. Ancillary Management Solutions, Int. (TN DOM)  
2. Gulf South Medical Supply, Inc. (DE DOM)  
3. Physician Sales & Service, Inc. (FL DOM)  
4. Physician Sales & Service, Limited Partnership (FL DOM)  
5. PSS Holding, Inc. (FL DOM)  
6. PSS Service, Inc. (FL DOM)  
7. PSS WORLD MEDICAL, INC. (FL DOM)  
8. PSS/GULF SOUTH EMPLOYEE RELIEF FUND, INC. (FL DOM)  
9. PSS/GULF SOUTH MEDICAL SUPPLY RELIEF FUND, INC. (FL DOM).  
10. Thriftymed, Inc. (FL DOM)  
11. WORLDMED SHARED SERVICES, INC. (FL DOM)  
Order # PS-10-0010

Dear Sir/Madam:

We now enclose for filing the documents identified below:

<input type="checkbox"/> INCORPORATION	<input type="checkbox"/> MERGER
	<input type="checkbox"/> A. Domestic
<input type="checkbox"/> QUALIFICATION	<input type="checkbox"/> B. Foreign
<input checked="" type="checkbox"/> CHANGE OF AGENT/OFFICE	<input type="checkbox"/> DISSOLUTION
<input type="checkbox"/> A. Domestic	<input type="checkbox"/> A. Statement of Intent
<input checked="" type="checkbox"/> B. Foreign	<input type="checkbox"/> B. Certificate of Dissolution
<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> WITHDRAWAL
<input type="checkbox"/> A. Domestic	
<input type="checkbox"/> B. Foreign	<input type="checkbox"/> OTHER

Kindly send evidence to the undersigned. If there are any problems, please call us on our toll-free number 1-877-261-6823.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WORLD MED SHARED SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000045513

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER F. SOUZA

(Name of Contact Person)

NRAI SERVICES, INC.

(Firm/Company)

2731 EXECUTIVE PARK DRIVE, SUITE 4

(Address)

WESTON, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER F. SOUZA

(Name of Contact Person)

at ( 877 ) 261-6823 X 1759

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WORLD MED SHARED SERVICES, INC.
2. The principal office address: 4345 Southpoint Boulevard, Jacksonville, FL 32216
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/12/2004 Document number: P04000045513
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of this change.

(Signature of an officer or director)

Peter F. Souza, Vice President

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

KAREN L. REDMAN, ASST. SECY.

(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)