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**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90058 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P35907**

1. Corporation Name

**GEORGIA/ATLANTIC MEDICAL SUPPLY COMPANY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>101 SUN AVE NE ALBUQUERQUE NM 87109 US</b>	Mailing Address <b>101 SUN AVE NE ALBUQUERQUE NM 87109 US</b>
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3. Date Incorporated or Qualified

**10/14/1991**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

4. FEI Number

**58-1458679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHELLING, WARREN C</b>	1.2 NAME	<b>SEE ATTACHED LIST OF OFFICERS &amp; DIRECTORS</b>
STREET ADDRESS	<b>101 SUN AVE NE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87109</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLTL, ROBERT D</b>	2.2 NAME	
STREET ADDRESS	<b>101 SUN AVE NE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87109</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, NIKKI J</b>	3.2 NAME	
STREET ADDRESS	<b>101 SUN AVE, NE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87109</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLTL, ROBERT D</b>	4.2 NAME	
STREET ADDRESS	<b>101 SUN AVE NE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87109</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, DONALD F</b>	5.2 NAME	
STREET ADDRESS	<b>6025 SHILOH RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA 30005</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, NIKKI J</b>	6.2 NAME	
STREET ADDRESS	<b>101 SUN AVE NE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87109</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Berg* **Michael Berg**, Asst. Sec. 2/2/99 505-821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

**GEORGIA/ATLANTIC MEDICAL SUPPLY COMPANY, INC.  
OFFICERS AND DIRECTORS**

<u>Position</u>	<u>Name</u>	<u>Address</u>	<u>Term</u>
President	Donald F. Fox	6025 Shiloh Rd. Alpharetta, Georgia	Until successor is duly elected and qualified
Chief Financial Officer	Robert D. Woltl	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Vice President	Ray Fitchette	101 Sun Avenue, NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Vice President and Controller	William C. Warrick	101 Sun Avenue, NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Vice President and Treasurer	Matthew G. Patrick	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Treasurer	D. Craig Hayes	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Secretary	Nikki J. Mann	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Secretary	Michael T. Berg	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Secretary	Jeffrey C. Gilmore	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Director	Mark G. Wimer	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Director	Robert D. Woltl	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified