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FILED  
Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P36815 (9)

1. Corporation Name  
BERGEN BRUNSWIG MEDICAL CORPORATION

Principal Place of Business  
301 BROWN SPRINGS ROAD  
MONTGOMERY AL 36117  
US

Mailing Address  
P.O. BOX 244008  
MONTGOMERY AL 36124-4008  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. Box 5915

27 Suite, Apt. #, etc.

27 Tax Dept

28 City & State

28 Orange, CA 92868

29 Zip

30 Country

3. Date Incorporated or Qualified  
12/26/1991

3a. Date of Last Report  
02/27/1996

4. FEI Number

63-1053562

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

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 of the person filing this statement (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CULLEN F.	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY- ST- ZIP	ORANGE CA	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SAWDEI, MILAN A.	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY- ST- ZIP	ORANGE CA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SCHMITT, ERIC	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY- ST- ZIP	ORANGE CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	DIMICK, NEIL F.	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY- ST- ZIP	ORANGE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William J. Elliott	
1.3 STREET ADDRESS	4000 Metropolitan Drive	
1.4 CITY- ST- ZIP	Orange, CA 92868	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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.

SIGNATURE: Eric J. Schmitt, VP Finance, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97 714 385-4000

Date

Daytime Phone #

0490322

CR2E034 (9/96)