

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000092331 (4)

1. Corporation Name

MEDSOURCE DISTRIBUTORS, INC.



Principal Place of Business

20197 N.E. 16TH PLACE
NORTH MIAMI BEACH FL 33179

Mailing Address

20197 N.E. 16TH PLACE
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

21 1904 NW 84 AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 7360 SW 130 ST
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/05/1995

3a. Date of Last Report

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FLORIDA INFORMATION ASSOCIATES, INC.
2007 W. INDIANHEAD DRIVE
TALLAHASSEE FL 32301

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, if applicable

(Print) Registered Agent signature, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILBUR, ROBERT L
STREET ADDRESS 4041 WOODRIDGE ROAD
CITY-ST-ZIP MIAMI FL 33133 ☐ DELETE

TITLE D
NAME SNYDER, ROBERT
STREET ADDRESS 6544 FLETCHER STREET
CITY-ST-ZIP HOLLYWOOD FL 33023 ☒ DELETE

TITLE D
NAME BUNDROCK, GENE
STREET ADDRESS 7650 BAYSHORE DRIVE, #802
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☒ DELETE

TITLE D
NAME SUAREZ, JOSEPH
STREET ADDRESS 960 N.W. 110TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE D
NAME BIGGE, ROBERT
STREET ADDRESS 3789 N.E. 167TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33160 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

AUG 1 1996 305 592 9000

CR2E034 (12/95)