

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090165

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** PHYSICIAN SALES & SERVICE, INC.

**Current Principal Place of Business:**

4345 SOUTHPOINT BLVD.  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4345 SOUTHPOINT BLVD.  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3500395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CORLESS, GARY A  
Address: 4345 SOUTHPOINT BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V  
Name: BRONSON, DAVID  
Address: 4345 SOUTHPOINT BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VT  
Name: KLARNER, DAVID D  
Address: 4345 SOUTHPOINT BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: DAVID D. KLARNER

VT

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date