

No. C 125448		Due no later than Aug 31, 2007		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. GULF SOUTH MEDICAL SUPPLY, INC. TRACEE D JONES 4345 SOUTHPOINT BLVD JACKSONVILLE FL 32216		C T CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83701		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	GARY CORLESS	4345 SOUTHPOINT BLVD	JACKSONVILLE	FL	USA	32216
SECRETARY	DAVID KLARNER	4345 SOUTHPOINT BLVD	JACKSONVILLE	FL	USA	32216
DIRECTOR	DAVID SMITH	4345 SOUTHPOINT BLVD	JACKSONVILLE	FL	USA	32216
5. Organized Under the Laws of: DE C 125448		6. Annual Report must be signed.* Signature: David Klarner Name (type or print): David Klarner Date: 08/20/2007 Title: Secretary				
Processed 08/20/2007		* Electronically provided signatures are accepted as original signatures.				