

No. C 125448		Due no later than Aug 31, 2011 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. GULF SOUTH MEDICAL SUPPLY, INC. ALEXIS HOLYSZKO 4345 SOUTHPOINT BLVD JACKSONVILLE FL 32216		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA			
						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	MARK STEELE	4345 SOUTHPOINT BLVD	JACKSONVILLE	FL	USA	32216	
SECRETARY	JOSHUA DERIENZIS	4345 SOUTHPOINT BLVD	JACKSONVILLE	FL	USA	32216	
TREASURER	DAVID D KLARNER	4345 SOUTHPOINT BLVD	JACKSONVILLE	FL	USA	32216	
DIRECTOR	DAVID M BRONSON	4345 SOUTHPOINT BLVD.	JACKSONVILLE	FL	USA	32216	
DIRECTOR	ANDREW BEHRENDS	4345 SOUTHPOINT BLVD.	JACKSONVILLE	FL	USA	32216	
5. Organized Under the Laws of: DE C 125448		6. Annual Report must be signed.* Signature: David D Klerner Name (type or print): David D Klerner					
		Date: 07/29/2011 Title: Treasurer					
Processed 07/29/2011		* Electronically provided signatures are accepted as original signatures.					