CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

07 APR -5 AM 11: 21

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   Southern Anesthesia & Surgical

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
PSS World Medical, Inc.	4345 Southpoint Boulevard
C95942	Jacksonville, Fl. 32216

3. The general type of business transacted under the assumed business name is:

   ☐ Retail Trade ☐ Transportation and Public Utilities
   ☐ Wholesale Trade ☐ Construction
   ☒ Services ☐ Agriculture
   ☐ Manufacturing ☐ Mining
   ☐ Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

   4345 Southpoint Boulevard

   Jacksonville, Fl. 32216

   Submit Certificate of Assumed Business Name and $25.00 fee to:

   Secretary of State
   700 West Jefferson
   Basement West
   PO Box 83720
   Boise ID 83720-0080
   208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

   Same

   Phone number (optional):

Signature: _Mary M Jennings_ (signature required)

Printed Name: MARY JENNINGS

Capacity/Title: CHIEF COMPLIANCE OFFICER

(see Instruction # 8 on back of form)