

No. C 125448	Due no later than Aug 31, 2008 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		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- 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	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: Alexis Holyszko Name (type or print): Alexis Holyszko		Date: 07/14/2008 Title: Paralegal			
Processed 07/14/2008		* Electronically provided signatures are accepted as original signatures.				