



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000100739

**2. Name of Corporation** PSS World Medical, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 4345 SOUTHPOINT BOULEVARD

City or Town: JACKSONVILLE

State: FL Zip: 32216 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: FL

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

81

**6. Brief Description of the Character of Business Conducted in Rhode Island**

DISTRIBUTOR OF PRESCRIPTION DRUGS AND MEDICAL SUPPLIES TO THE EXTENDED CARE MARKET

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT, CEO	GARY A CORLESS	ONE POST STREET 35TH FLOOR SAN FRANCISCO, CA 94104 USA
SECRETARY, DIRECTOR	JOHN G SAIA	ONE POST STREET SAN FRANCISCO, CA 94104 USA
TREASURER, DIRECTOR	TIMOTHY A SKANSI	9954 MAYLAND DRIVE RICHMOND, VA 23233 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP		\$0.0100	1,000,000.00	0
CWP		\$0.0100	150,000,000.00	50313887

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 21 Day of August, 2017 at 9:07:57 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOHN G SAIA  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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