

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>04/01/2011</u> and ending <u>03/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information	
1a Name of plan <u>PSS WORLD MEDICAL, INC. SAVINGS PLAN</u> 2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>PSS WORLD MEDICAL, INC.</u> <u>4345 SOUTHPOINT BLVD</u> <u>JACKSONVILLE, FL 32216-6166</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	1c Effective date of plan <u>10/01/1988</u>
	2b Employer Identification Number (EIN) <u>59-2280364</u>	2c Sponsor's telephone number <u>904-332-3436</u>
	2d Business code (see instructions) <u>424990</u>	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2012	MARK ROTONDARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2012	MARK ROTONDARO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PSS WORLD MEDICAL, INC. 4345 SOUTHPPOINT BLVD JACKSONVILLE, FL 32216-6166	3b Administrator's EIN 59-2280364 3c Administrator's telephone number 904-332-3436
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	4148
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	4049
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	350
d Subtotal. Add lines 6a , 6b , and 6c	6d	4400
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	4402
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	3415
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	203

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning **04/01/2011** and ending **03/31/2012**

A Name of plan PSS WORLD MEDICAL, INC. SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PSS WORLD MEDICAL, INC.	D Employer Identification Number (EIN) 59-2280364

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
MARK ROTONDARO

59-2280364

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	19352	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan PSS WORLD MEDICAL, INC. SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PSS WORLD MEDICAL, INC.	D Employer Identification Number (EIN) 59-2280364	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FFTW INCOME PLUS D FUND

b Name of sponsor of entity listed in (a): BNP PARIBAS INV PARTNERS TRUST CO

c EIN-PN 03-0373646-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN M FD

b Name of sponsor of entity listed in (a): WELLS FARGO BANK

c EIN-PN 94-6751924-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17968688
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>04/01/2011</u> and ending <u>03/31/2012</u>		
A Name of plan <u>PSS WORLD MEDICAL, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">001</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PSS WORLD MEDICAL, INC.</u>	D Employer Identification Number (EIN) <u>59-2280364</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	790956	588031
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	16535093	17968688
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	117711127	127459069
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	33433216	28320896
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	168470392	174336684

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	168470392	174336684
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2466813	
(B) Participants	2a(1)(B)	11510168	
(C) Others (including rollovers)	2a(1)(C)	850628	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14827609

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	56	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		56
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1882859	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1882859
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3096290	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5277555	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-2181265

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	-506062	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-506062
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3570349
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1662052
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		15931494

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9785013	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9785013
f Corrective distributions (see instructions)	2f		259552
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	19352	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1285	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		20637
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10065202

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5866292
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THE GRIGGS GROUP

(2) EIN: 20-0708248

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan <u>PSS WORLD MEDICAL, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PSS WORLD MEDICAL, INC.</u>	D Employer Identification Number (EIN) <u>59-2280364</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**PSS WORLD MEDICAL, INC.
SAVINGS PLAN**

Financial Statements
March 31, 2012 and 2011 and
Year ended March 31, 2012 and
Supplemental Schedule as of March 31, 2012



PSS WORLD MEDICAL, INC. SAVINGS PLAN

Table of Contents

	<u>Page(s)</u>
Report of Independent Certified Public Accountants	1
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-12
Supplemental Schedule*	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13-15

* Other schedules required by 29 CFR 2520.103–10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable, or are not required for participant-directed investment transactions.



REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Participants and Administrator of the
PSS World Medical, Inc. Savings Plan:

We have audited the accompanying statements of net assets available for benefits of PSS World Medical, Inc. Savings Plan as of March 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended March 31, 2012. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of PSS World Medical, Inc. Savings Plan as of March 31, 2012 and 2011, and the changes in net assets available for benefits for the year ended March 31, 2012, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedule, Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of March 31, 2012 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The Griggs Group, CPAs

August 27, 2012
Ponte Vedra Beach, Florida

PSS WORLD MEDICAL, INC. SAVINGS PLAN
Statements of Net Assets Available for Benefits

	<i>March 31,</i>	
	2012	2011
Assets:		
Investments, at fair value	\$ 174,336,684	\$ 168,470,392
Liabilities:		
Benefits payable	130,472	267,125
Net assets available for benefits at fair value	174,206,212	168,203,267
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(438,260)	3,710
Net assets available for benefits	<u>\$ 173,767,952</u>	<u>\$ 168,206,977</u>

The accompanying notes are an integral part of these financial statements

PSS WORLD MEDICAL, INC. SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits

	<i>March 31,</i> <i>2012</i>
<hr/>	
Additions to net assets available for benefits:	
Investment income:	
Net depreciation in fair value of investments	\$ (1,642,935)
Dividends and interest income	2,304,853
Net investment income	<u>661,918</u>
Contributions:	
Participant	11,379,696
Employer	2,466,813
Rollovers from qualified plans	850,628
Total contributions	<u>14,697,137</u>
Net additions	<u>15,359,055</u>
Deductions from net assets available for benefits:	
Benefits paid to participants	(9,777,443)
Administrative expenses	(20,637)
Total deductions	<u>(9,798,080)</u>
Net increase	5,560,975
Net assets available for benefits:	
Beginning of year	<u>168,206,977</u>
End of year	<u><u>\$ 173,767,952</u></u>

The accompanying notes are an integral part of these financial statements

PSS WORLD MEDICAL, INC. SAVINGS PLAN
Notes to Financial Statements

1. Description of the Plan:

The following description of the PSS World Medical, Inc. Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan covering substantially all employees of PSS World Medical, Inc. and its subsidiaries (the "Company" or "employer"). The Plan was created under the provisions of Section 401(a) of the Internal Revenue Code (the "IRC") and includes a qualified deferred arrangement, as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan also has the features of an employee stock ownership plan ("ESOP"), whereby employee and employer contributions can be invested in the PSS World Medical, Inc. unitized stock fund, whereby participants do not actually own shares of PSS World Medical, Inc. common stock but rather own interest in the unitized stock fund. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, ("ERISA"), as amended.

For the Plan year ended March 31, 2012, the Plan was amended to include the names of additional employers recently acquired by the Company. The new employers were ClaimOne, LLC, Dispensing Solutions, Inc., Linear Medical Solutions, LLC, Southeast Medical Solutions RX, LLC (formerly Stat RX USA, LLC), BottomLine Medical Solutions, LLC, Theratech, Inc., Standard Medical Supply, Inc., Keltman Pharmaceutical, Inc., Federal Medical Supply, Inc., Blue Medical Supply, Inc., Xcel Supply, LLC, and Professional Laboratory Systems, Inc.

Eligibility

Any employee of the Company is eligible to participate in the Plan upon completing 30 days of service. Plan entry dates are the first day of each month within the Plan year.

Contributions

The Plan is funded through voluntary employee salary deferrals and employer contributions. Participants can elect to defer up to 85% but not less than 1% of compensation, as defined by the Plan and as limited by requirements of the IRC. Participants who have attained age 50 before the close of the calendar year are eligible to make an additional elective deferral contribution. Participant elective contributions are invested by Principal Financial Group ("the Trustee") in the investment options (mainly mutual funds and employer securities) as directed by the participant. The Plan also allows participants to make elective contributions from incentive compensation.

The Company may make the following types of contributions: (i) Supplemental ESOP matching contributions, (ii) ESOP matching contributions, (iii) Non-ESOP matching contributions, (iv) ESOP employer contributions, (v) Employer discretionary contributions, and (vi) Qualified non-elective contributions.

Supplemental ESOP Matching Contributions

For the Plan year ended March 31, 2012, the Company made no Supplemental ESOP Matching Contributions.

ESOP Matching Contributions

For the Plan year ended March 31, 2012, the Company made no ESOP Matching Contributions.

PSS WORLD MEDICAL, INC. SAVINGS PLAN
Notes to Financial Statements

1. Description of the Plan (Continued):

Non-ESOP Matching Contributions

The Company's Board of Directors may elect annually to make a discretionary contribution in the form of a non-ESOP matching contribution (contributions to be invested at the direction of the participant). Such contributions are allocated to participants based on the formula established by the Board of Directors. The Board of Directors also determines the percentage of participant elective contributions to be matched as well as the maximum amount of match to be contributed. A participant must make elective salary deferrals to be eligible for such matching contributions.

Non-ESOP Matching Contributions for each eligible participant are equal to the lesser of (i) 50% of a participant's elective deferral amount up to 6% of a participant's compensation for the Plan year or (ii) \$1,750. The Non-ESOP Matching Contributions for the Plan year ended March 31, 2012 were \$2,574,413, of which \$2,466,813 was funded by the Company and \$107,600 was funded by the reallocation of forfeited contributions.

ESOP Employer Contributions

There were no ESOP employer contributions for the Plan year ended March 31, 2012.

Employer Discretionary Contributions

The Company's board of directors may also elect annually to make employer discretionary contributions. There were no employer discretionary contributions for the Plan year ended March 31, 2012.

Qualified Non-Elective Contributions

The Company's board of directors may also elect annually to make qualified non-elective contributions. Such contributions may be allocated to a limited number of non-highly compensated employees and are only made to eliminate potential discrimination with respect to participant elective contributions or employer matching contributions that would otherwise favor highly compensated employees. There were no qualified non-elective contributions for the Plan year ended March 31, 2012.

Vesting

Participants are immediately vested in their contributions. Participants are vested in the Company's ESOP matching contributions, Non-ESOP matching contributions, ESOP employer contributions, and earnings thereon based on years of continuous service, as defined in the Plan, according to the following schedule:

Less than two years of service	0%
Two years but less than three years	20%
Three years but less than four years	40%
Four years but less than five years	60%
Five years but less than six years	80%
Six years or more	100%

In the event of total and permanent disability or death, a participant shall become 100% vested in the participant's account balance.

1. Description of the Plan (Continued):

Forfeited Accounts

Nonvested portions of the Company's matching contributions are forfeited as of a participant's termination date and are used to reduce future Company matching contributions. During the Plan year ended March 31, 2012, forfeitures of nonvested accounts totaled \$107,962. Forfeitures used to reduce Company matching contributions were \$107,600 for the Plan year ended March 31, 2012. As of March 31, 2012 and 2011, forfeited, nonvested accounts of \$566 and \$204, respectively, were reflected in the accompanying Statements of Net Assets Available for Benefits.

Benefits Paid to Participants

Upon retirement, death, disability, or other severance of employment, a participant or his/her beneficiary may elect to receive an amount equal to the value of the participant's vested interest in the participant's account. Balances in participant accounts are paid in a single lump sum.

Participants who have an account balance in the Plan's unitized stock fund will have their account balances distributed in shares of the Company's common stock (with fractional shares paid in cash) or cash as elected by the participant with payment to the participant at their direction.

Participant Loans

The Plan does not permit participant loans.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contribution, and an allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Voting Rights

Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Transfer Agent of the Company prior to the time that such rights are to be exercised. The Trustee will vote any allocated shares according to the instructions given by a participant. If no instructions are given to the Trustee by a participant, the Trustee will vote any allocated shares on behalf of the collective best interest of Plan participants and beneficiaries.

2. Summary of Significant Accounting Policies:

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP"), requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

2. Summary of Significant Accounting Policies (Continued):

Income and Expense Recognition

Interest income is recorded as earned on the accrual basis of accounting. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments is allocated on a daily basis to participant accounts. Purchases and sales of investments are recorded on a trade date basis.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments, allocated to the individual accounts.

Investment Valuation

Investments in mutual funds and bond funds are stated at fair value, which are based on published market quotations on national exchanges. The Plan's unitized stock fund as of March 31, 2012 is valued at a unit value determined by the amount of shares of common stock and cash held within the unitized stock fund.

Investments in the accompanying *Statements of Net Assets Available for Benefits* include investments in common collective trusts, the Wells Fargo Stable Return Fund at March 31, 2012 and the ABN AMRO Income Plus Fund at March 31, 2011, which include fully benefit-responsive investment contracts. Investments in common collective trusts are stated at the fair value based on the underlying unit values reported using the financial statements of the collective trust and changes in such amounts through the Plan's year end. However, contract value is the relevant measurement attribute for that portion of net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Accordingly, the *Statement of Net Assets Available for Benefits* presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The *Statement of Changes in Net Assets Available for Benefits* is prepared on a contract value basis.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses reflected in the *Statement of Changes in Net Assets Available for Benefits* of \$20,637 represent distribution and redemption fees paid by participants. All other Plan administrative expenses were paid by the Company for the Plan year ended March 31, 2012.

2. Summary of Significant Accounting Policies (Continued):

Recent Accounting Pronouncement

In May 2011, the FASB issued an ASU No. 2011-04 with amendments to achieve common fair value measurement and disclosure requirements in GAAP. The amendments in this update clarified the language used to describe many of the requirements in GAAP for measuring fair value and for disclosing information about fair value measurements. The following areas were impacted by this ASU: (i) application of the highest and best use and valuation premise concepts; (ii) measuring the fair value of an instrument classified in shareholders' equity; and (iii) additional quantitative disclosures regarding unobservable inputs used in Level 3 fair value measurements. The amendments are effective for annual periods beginning after December 15, 2011. Plan management does not believe the adoption of this update will have a material impact on the Plan's financial statements.

3. Fair Value Measurements:

Assets and liabilities recorded at fair value are measured using a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1: Inputs using unadjusted quoted prices for identical assets or liabilities in an active market that the Company has the ability to access.

Level 2: Inputs other than quoted prices in markets that are observable for the asset or liability, either directly or indirectly.

Level 3: Inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methods used for assets measured at fair value.

Mutual funds: The fair values of these securities are based on observable market quotations for identical assets and are priced on a daily basis at the close of business.

Common collective trust: The fair value of the common collective trust is determined by the fund trustee based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.

PSS World Medical, Inc. unitized stock fund: The fair values of these securities is based on NAV, which is the closing price of the underlying common stock in the principal active market on which the securities are traded and the uninvested cash position held by the fund, divided by the number units outstanding.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement.

PSS WORLD MEDICAL, INC. SAVINGS PLAN
Notes to Financial Statements

3. Fair Value Measurements (Continued):

As of March 31, 2012 and 2011, the fair value of the Plan's financial assets were measured using Level 1 or Level 2 inputs. The following table presents the Plan's assets, by major category, measured at fair value on a recurring basis as of March 31, 2012 and 2011.

<i>March 31, 2012</i>	Level 1	Level 2	Total
Common collective trust	\$ -	\$ 17,968,688	\$ 17,968,688
Mutual funds:			
U.S. large cap equity	38,711,970	-	38,711,970
U.S. mid cap equity	20,056,624	-	20,056,624
U.S. small cap equity	17,846,595	-	17,846,595
International equity	24,399,267	-	24,399,267
Bond funds	26,444,613	-	26,444,613
PSS World Medical, Inc. unitized stock fund	28,908,927	-	28,908,927
Total	<u>\$ 156,367,996</u>	<u>\$ 17,968,688</u>	<u>\$ 174,336,684</u>

<i>March 31, 2011</i>	Level 1	Level 2	Total
Common collective trust	\$ -	\$ 16,535,093	\$ 16,535,093
Mutual funds:			
U.S. large cap equity	34,931,936	-	34,931,936
U.S. mid cap equity	19,328,840	-	19,328,840
U.S. small cap equity	17,878,614	-	17,878,614
International equity	23,554,491	-	23,554,491
Bond funds	22,017,246	-	22,017,246
PSS World Medical, Inc. unitized stock fund	34,224,172	-	34,224,172
Total	<u>\$ 151,935,299</u>	<u>\$ 16,535,093</u>	<u>\$ 168,470,392</u>

During the Plan years ended March 31, 2012 and 2011, there were no transfers in or out of Levels 1 and 2.

PSS WORLD MEDICAL, INC. SAVINGS PLAN
Notes to Financial Statements

4. Investments:

All investment elections are participant-directed funds. The following presents investments that represent 5% or more of the Plan's net assets as of March 31, 2012 and 2011:

<i>March 31,</i>	2012 Units	2012 Value	2011 Units	2011 Value
PSS World Medical, Inc. unitized stock fund	1,279,085	\$ 28,908,927	1,414,905	\$ 34,224,172
Wells Fargo Stable Return Fund *	375,867	17,968,688	(a)	
PIMCO Total Return Admin Fund	1,551,948	17,211,108	1,410,647	15,347,835
Harbor Capital Appreciation Fund	340,301	14,748,651	(a)	
Principal Large Cap S&P 500 Index	1,432,283	14,322,831	1,358,529	12,783,759
Janus Perkins Mid Cap Value Fund	557,634	12,385,059	512,553	12,270,512
American EuroPacific Growth Fund	260,451	10,280,006	245,141	10,494,502
Jennison Dryden Small Company A Fund	452,347	9,983,305	468,114	10,378,084
Invesco Van Kampen Growth & Income	473,734	9,640,489	428,590	8,661,805
ABN AMRO Income Plus Fund *	(a)		2,383,731	16,535,093
American Funds Growth Fund of America	(a)		427,458	13,486,303
All other assets less than 5%		38,887,620		34,228,327
Total		<u>\$ 174,336,684</u>		<u>\$ 168,410,392</u>

(a) No units held at March 31

* The contract value for the Wells Fargo Stable Return Fund is \$17,530,428 as of March 31, 2012. For the Plan year ended March 31, 2012, the ABN AMRO Income Plus Fund was replaced with the Wells Fargo Stable Return Fund. The contract value for the ABN AMRO Income Plus Fund is \$16,538,803 as of March 31, 2011.

During the year ended March 31, 2012, the ABN AMRO Income Plus Fund was replaced with the Wells Fargo Stable Return Fund. The Wells Fargo Stable Return Fund, a common collective trust, invests primarily in investment contracts, including traditional guaranteed investment contracts ("GICs"), and security-backed contracts issued by insurance companies and other financial institutions. Contract value, as reported to the Plan, represents contributions made under the contract, less participant-directed withdrawals, plus accrued interest.

The interest crediting rate of the Wells Fargo Stable Return Fund as of March 31, 2012 was 2.21%. The average market yield of the Wells Fargo Stable Return Fund for the year ended March 31, 2012 was 1.41%. The interest crediting rate of the ABN AMRO Income Plus Fund as of March 31, 2011 was 1.91%. The average market yield of the ABN AMRO Income Plus Fund for the year ended March 31, 2011 was 2.33%.

During the year ended March 31, 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated and depreciated in value as follows:

<i>Year ended March 31,</i>	2012
Mutual funds	\$ 460,987
Bond funds	376,456
Common collective trusts	206,893
PSS World Medical, Inc. unitized stock fund	(2,687,271)
Net depreciation in fair value of investments	<u>\$ (1,642,935)</u>

5. Tax Status:

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated November 16, 2011, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Plan management was notified by the IRS that Plan year ended March 31, 2008 was selected for examination. There have been no further developments on, or findings from, the examination.

Management has evaluated the Plan's tax positions and concluded that as of March 31, 2012 the Plan had taken no uncertain tax positions that require recognition of a liability (or asset) in the financial statements. With few exceptions, the Plan is no longer subject to income tax examination by the U.S. federal, state or local tax authorities for years before 2008.

6. Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their employer contributions and earnings thereon.

7. Related Party Transactions:

As of March 31, 2012 and 2011, the Plan owned 1,117,636 and 1,231,426 shares of the Company's common stock, respectively, which represents approximately 2.2% and 2.2% of the outstanding common stock of the Company, respectively. These shares along with cash represent 1,279,085 and 1,414,905 units of the unitized stock fund as of March 31, 2012 and 2011, respectively.

As of March 31, 2012 and 2011, payables to participants to satisfy the Actual Deferral Percentage Test totaled \$153,762 and \$259,552 and payables to the Trustee representing pending trades totaled \$23,290 and \$7,573, respectively. As the Trustee, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the Trustee for administrative services amounted to \$20,637 for the Plan year ended March 31, 2012.

8. Risk and Uncertainties:

The Plan invests in various investment securities including the Company's common stock (approximately 17% of net assets available for benefits at March 31, 2012), as described in Note 4, *Investments*. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the *Statements of Net Assets Available for Benefits*.

PSS WORLD MEDICAL, INC. SAVINGS PLAN
Notes to Financial Statements

9. Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at March 31, 2012 and 2011 to Form 5500:

<u>March 31,</u>	2012	2011
Net assets available for benefits per the financial statements	\$ 173,767,952	\$ 168,206,977
Benefits allocated to participants	130,472	267,125
Adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts	438,260	(3,710)
Net assets available for benefits per Form 5500	<u>\$ 174,336,684</u>	<u>\$ 168,470,392</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements at March 31, 2012 to Form 5500:

<u>Year ended March 31,</u>	2012
Change in net assets available for benefits per the financial statements	\$ 5,560,975
Benefits allocated to participants	130,472
Prior year benefits allocated to participants	(267,125)
Adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts	438,260
Prior year adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts	3,710
Net income per Form 5500	<u>\$ 5,866,292</u>

10. Subsequent Events:

The Plan has evaluated all subsequent events through August 27, 2012 and determined that no significant events have occurred requiring adjustments to the financial statements or disclosures.

PSS WORLD MEDICAL, INC. SAVINGS PLAN
EIN: 59-2280364 Plan No. 001
Schedule H, Line 4i - Schedule of Assets
(Held for Investment Purposes at End of Year)
March 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost**	Current Value
*	PSS World Medical, Inc.	PSS World Medical, Inc. unitized stock fund 1,279,085 units		\$28,908,927
	Galliard Capital Management	Wells Fargo Stable Return M Fund (1)		14,954,655
	Harbor Capital Advisors	Harbor Capital Appreciation Inv Fund		12,027,611
	Janus Capital Group	Perkins Mid Cap Value T Fund		10,936,328
	Pacific Investment Management Company	PIMCO Total Return Admin Fund		10,790,317
	Prudential Investments	Prudential Jennison Small Company A Fund		9,477,074
*	Principal Financial Group	Principal LargeCap S&P 500 Index R5 Fund		8,334,667
	Capital Research and Management Company	American Funds EuroPacific Growth A Fund		6,513,510
	Oppenheimer Funds	Oppenheimer Global N Fund		6,375,121
	Van Kampen Investments	Invesco Van Kampen Growth & Income A Fund		6,319,469
	Royce & Associates	Royce Pennsylvania Mutual Fund Inv Fund		4,656,544
	Pacific Investment Management Company	PIMCO Real Return Admin Fund		4,491,635
	Goldman Sachs Asset Management	Goldman Sachs Growth Opportunities A Fund		4,316,439
	Harbor Capital Advisors	Harbor International Investor Fund		2,655,308
*	Principal Financial Group	Principal SmallCap S&P 600 Index R5 Fund		1,559,745
	American Century Investment Management	American Century Inflation Adjusted Bond A Fund		1,536,585
*	Principal Financial Group	Principal MidCap S&P 400 Index R5 Fund		1,103,749
*	Principal Financial Group	PSS World Medical, Inc., Moderate Portfolio, 1,860,709 units		
		PIMCO Total Return Admin Fund		3,190,170
*		Principal LargeCap S&P 500 Index R5 Fund		2,559,063
		Harbor International Investor Fund		2,226,519
		PIMCO Real Return Admin Fund		1,690,810
		American Funds EuroPacific Growth A Fund		1,666,550
		Wells Fargo Stable Return M Fund (1)		1,552,162
		Invesco Van Kampen Growth & Income A Fund		1,426,198
		Harbor Capital Appreciation Inv Fund		1,155,934
		Perkins Mid Cap Value T Fund		714,879
*		Principal MidCap S&P 400 Index R5 Fund		549,270
		Goldman Sachs Growth Opportunities A Fund		377,387
*		Principal SmallCap S&P 600 Index R5 Fund		360,779
		Royce Pennsylvania Mutual Fund Inv Fund		359,955
		Prudential Jennison Small Company A Fund		178,826
				<u>18,008,502</u>
*	Principal Financial Group	PSS World Medical, Inc., Moderate Aggressive Portfolio, 905,988 units		
*		Principal LargeCap S&P 500 Index R5 Fund		1,530,387
		Harbor International Investor Fund		1,294,620
		PIMCO Total Return Admin Fund		1,010,871
		American Funds EuroPacific Growth A Fund		947,366
		Invesco Van Kampen Growth & Income A Fund		829,262
		Harbor Capital Appreciation Inv Fund		716,861
		Wells Fargo Stable Return M Fund (1)		401,031

PSS WORLD MEDICAL, INC. SAVINGS PLAN
EIN: 59-2280364 Plan No. 001
Schedule H, Line 4i - Schedule of Assets
(Held for Investment Purposes at End of Year)
March 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost**	Current Value
*	Principal Financial Group	PSS World Medical, Inc., Moderate Aggressive Portfolio, 905,988 units (Continued)		
		PIMCO Real Return Admin Fund		393,139
*	Principal Financial Group	Principal MidCap S&P 400 Index R5 Fund		340,645
		Perkins Mid Cap Value T Fund		332,519
		Goldman Sachs Growth Opportunities A Fund		263,308
		Royce Pennsylvania Mutual Fund Inv Fund		251,160
*	Principal Financial Group	Principal SmallCap S&P 600 Index R5 Fund		167,824
		Prudential Jennison Small Company A Fund		166,372
				8,645,365
*	Principal Financial Group	PSS World Medical, Inc., Aggressive Portfolio, 639,456 units		
*	Principal Financial Group	Principal LargeCap S&P 500 Index R5 Fund		1,413,897
		Harbor International Investor Fund		1,150,090
		American Funds EuroPacific Growth A Fund		845,733
		Invesco Van Kampen Growth & Income A Fund		756,084
		Harbor Capital Appreciation Inv Fund		628,545
*	Principal Financial Group	Principal MidCap S&P 400 Index R5 Fund		298,653
		Perkins Mid Cap Value T Fund		291,526
		Goldman Sachs Growth Opportunities A Fund		246,236
*	Principal Financial Group	Principal SmallCap S&P 600 Index R5 Fund		176,550
		Royce Pennsylvania Mutual Fund Inv Fund		176,146
		Prudential Jennison Small Company A Fund		116,680
				6,100,140
*	Principal Financial Group	PSS World Medical, Inc., Moderate Conservative Portfolio, 491,220 units		
		PIMCO Total Return Admin Fund		1,340,571
		PIMCO Real Return Admin Fund		660,105
		Wells Fargo Stable Return M Fund (1)		631,227
*	Principal Financial Group	Principal LargeCap S&P 500 Index R5 Fund		400,093
		Harbor International Investor Fund		354,285
		Invesco Van Kampen Growth & Income A Fund		267,063
		American Funds EuroPacific Growth A Fund		264,789
		Harbor Capital Appreciation Inv Fund		177,428
		Royce Pennsylvania Mutual Fund Inv Fund		88,867
*	Principal Financial Group	Principal MidCap S&P 400 Index R5 Fund		88,798
		Perkins Mid Cap Value T Fund		88,680
		Goldman Sachs Growth Opportunities A Fund		44,645
*	Principal Financial Group	Principal SmallCap S&P 600 Index R5 Fund		44,547
		Prudential Jennison Small Company A Fund		44,353
				4,495,451

PSS WORLD MEDICAL, INC. SAVINGS PLAN
EIN: 59-2280364 Plan No. 001
Schedule H, Line 4i - Schedule of Assets
(Held for Investment Purposes at End of Year)
March 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost**	Current Value
	* Principal Financial Group	PSS World Medical, Inc., Conservative Portfolio, 250,502 units		
		PIMCO Total Return Admin Fund		879,179
		PIMCO Real Return Admin Fund		461,231
		Wells Fargo Stable Return M Fund (1)		429,613
		* Principal LargeCap S&P 500 Index R5 Fund		84,724
		Harbor International Investor Fund		63,318
		Invesco Van Kampen Growth & Income A Fund		42,413
		Harbor Capital Appreciation Inv Fund		42,271
		American Funds EuroPacific Growth A Fund		42,058
		Goldman Sachs Growth Opportunities A Fund		21,277
		Royce Pennsylvania Mutual Fund Inv Fund		21,173
		* Principal MidCap S&P 400 Index R5 Fund		21,158
		Perkins Mid Cap Value T Fund		21,127
				2,129,542
				\$174,336,684

* Party-in-interest

** Notapplicable as the Plan has no non-participant directed accounts.

(1) Current value represents the fair value of the investment. The contract value for all investments in the Wells Fargo Stable Return Fund is \$17,530,428, as of March 31, 2012.

See Report of Independent Certified Public Accountants

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PSS WORLD MEDICAL, INC. SAVINGS PLAN

EIN 59 2280364
 PLAN NUMBER 001
 PLAN YEAR 04/01/2011 TO 03/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	American Century Investments	Registered Investment Company Am Cent Infla Adj Bond A Fd	\$ 0.00	\$ 1,536,585.45
	The American Funds	Registered Investment Company Am End Europacific Gth A Fund	\$ 0.00	\$ 10,280,006.21
	Goldman Sachs	Registered Investment Company Goldman Sachs Gr Opp A Fund	\$ 0.00	\$ 5,269,291.90
	Harbor	Registered Investment Company Harbor International Inv Fund	\$ 0.00	\$ 7,744,139.89
	Harbor	Registered Investment Company HARBOR CAPITAL APPR INV FUND	\$ 0.00	\$ 14,748,650.96
	Van Kampen Investor Services	Registered Investment Company Invesco Van Kam Gro & Inc A Fd	\$ 0.00	\$ 9,640,489.22
	PSS STOCK CASH ACCOUNT	Interest Bearing Cash INTEREST BEARING CASH	\$ 0.00	\$ 588,031.00
	Oppenheimer	Registered Investment Company Oppenheimer Global N Fund	\$ 0.00	\$ 6,375,120.96
	Janus International Holding, LLC	Registered Investment Company Perkins Mid Cap Value T Fund	\$ 0.00	\$ 12,385,058.52
*	Principal Funds Inc	Registered Investment Company Prin LgCap S&P 500 Idx R5 Fund	\$ 0.00	\$ 14,322,830.68
*	Principal Funds Inc	Registered Investment Company Prin MidCap S&P 400 Idx R5 Fd	\$ 0.00	\$ 2,402,272.91
*	Principal Funds Inc	Registered Investment Company Prin SmCap S&P 600 Idx R5 Fund	\$ 0.00	\$ 2,309,445.04
	Jennison Dryden	Registered Investment Company Prudential Jenn Sm Co A Fund	\$ 0.00	\$ 9,983,305.38
	PIMCO Funds	Registered Investment Company PIMCO Real Return Admin Fund	\$ 0.00	\$ 7,696,919.66
	PIMCO Funds	Registered Investment Company PIMCO Total Return Adm Fund	\$ 0.00	\$ 17,211,107.90

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 59 2280364
PLAN NUMBER 001
PLAN YEAR 04/01/2011 TO 03/31/2012

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