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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

HENRY SCHEIN PPT, INC.

Certificate of Status	0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Henry Schein PPT, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin (State or country under the law of which it is incorporated) 3. (FBI number, if applicable)

4. November 1, 1995 (Date of incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty (liability))

7. 10920 West Lincoln Avenue, West Allis, Wisconsin 53227 (Principal office address)

10920 West Lincoln Avenue, West Allis, Wisconsin 53227 (Current mailing address)

8. Any lawful activity. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Corporation Service Company (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael S. Ettinger

Address: c/o Henry Schein PPT, Inc. 10920 West Lincoln Avenue, West Allis, Wisconsin 53227

Director: _____

Address: _____

B. OFFICERS

President: James Broslawski

Address: c/o Henry Schein PPT, Inc. 10920 West Lincoln Avenue, West Allis, Wisconsin 53227

Vice President: Timothy J. Sullivan

Address: c/o Henry Schein PPT, Inc. 10920 West Lincoln Avenue, West Allis, Wisconsin 53227

Secretary: Michael S. Ettinger

Address: c/o Henry Schein PPT, Inc. 10920 West Lincoln Avenue, West Allis, Wisconsin 53227

Treasurer: Timothy J. Sullivan

Address: c/o Henry Schein PPT, Inc. 10920 West Lincoln Avenue, West Allis, Wisconsin 53227

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. Michael S. Ettinger, Secretary
(Typed or printed name and capacity of person signing application)

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Additional Officers:

Vice President: Eugene W. Heller
Address: c/o Henry Schein PPT, Inc. 10920 West Lincoln Avenue, West Allis, Wisconsin 53227

Vice President: David Halimi
Address: c/o Henry Schein PPT, Inc. 10920 West Lincoln Avenue, West Allis, Wisconsin 53227

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United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

HENRY SCHEIN PPT, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 1, 1995.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 14, 2005.

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions



Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

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To validate the authenticity of this certificate

When this was filed, the Department of Financial Institutions was the successor custodian of corporate records formerly held by the Secretary of State.