

2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

1032

DOCUMENT # F05000007255

1. Entity Name  
HENRY SCHEIN PPT, INC.



06 MAR 29 PH 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800068833108

Principal Place of Business  
10920 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227

Mailing Address  
10920 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

03242006 Chg-P CR2E034 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ETTINGER, MICHAEL S 10920 WEST LINCOLN AVENUE WEST ALLIS, WI 53227 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SULLIVAN, TIMOTHY J 10920 WEST LINCOLN AVENUE WEST ALLIS, WI 53227 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRESLAWSKI, JAMES 10920 WEST LINCOLN AVENUE WEST ALLIS, WI 53227 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELLER, EUGENE W 10920 WEST LINCOLN AVENUE WEST ALLIS, WI 53227 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOOVER, DENNIS 10920 WEST LINCOLN AVENUE WEST ALLIS, WI 53227 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES PUCKETT 10920 WEST LINCOLN AVENUE WEST ALLIS, WI 53227 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Michael S. Etinger Michael S. Etinger, Secretary 631 843-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/23/06 Daytime Phone #



CORPORATION SERVICE COMPANY

2072

ACCOUNT NO. : 072100000032  
 REFERENCE : 943309 5046129  
 AUTHORIZATION : *[Signature]*  
 COST LIMIT : \$ 61.25

ORDER DATE : March 27, 2006  
 ORDER TIME : 9:50 AM  
 ORDER NO. : 943309-005  
 CUSTOMER NO: 5046129

**RESUBMIT**

AMENDED ANNUAL REPORT FILING

NAME: HENRY SCHEIN PPT, INC.

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS:

RECEIVED  
 06 MAR 28 AM 10:46  
 STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE FLORIDA  
 NSC 3/29/06