

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
**ANNUAL REPORT**  
**1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000005860 (1)**

1. Corporation Name  
**HENRY SCHEIN, INC.**



Principal Place of Business Mailing Address  
**135 DURYEA ROAD MELVILLE NY 11747-3834**      **135 DURYEA ROAD MELVILLE NY 11747-3834**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/14/1994</b>	3a. Date of Last Report <b>08/10/1995</b>
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>11-3136595</b>	Applied For Not Applicable
25. Suite, Apt #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Suite, Apt #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
33. Suite, Apt #, etc.	34. City & State	35. Zip	36. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
PC	<b>BERGMAN, STANLEY M</b>	12. NAME	
	<b>135 DURYEA ROAD</b>	13. STREET ADDRESS	
	<b>MELVILLE NY 11747-3834</b>	14. CITY-ST-ZIP	
VD	<b>BRESLAWSKI, JAMES P</b>	21. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>135 DURYEA ROAD</b>	22. NAME	
	<b>MELVILLE NY 11747-3834</b>	23. STREET ADDRESS	
		24. CITY-ST-ZIP	
S	<b>MLOTEK, MARK</b>	31. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>135 DURYEA ROAD</b>	32. NAME	
	<b>MELVILLE NY</b>	33. STREET ADDRESS	
		34. CITY-ST-ZIP	
CFOD	<b>PALADINO, STEVEN</b>	41. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>135 DURYEA ROAD</b>	42. NAME	
	<b>MELVILLE NY 11747-3834</b>	43. STREET ADDRESS	
		44. CITY-ST-ZIP	
D	<b>BENJAMIN, GERALD</b>	51. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>135 DURYEA ROAD</b>	52. NAME	
	<b>MELVILLE NY 11747-3834</b>	53. STREET ADDRESS	
		54. CITY-ST-ZIP	
D	<b>MLOTEK, MARK</b>	61. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>135 DURYEA ROAD</b>	62. NAME	
	<b>MELVILLE NY</b>	63. STREET ADDRESS	
		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)