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**Feb 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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: **135 DURYEA ROAD MELVILLE NY 11747-3834**
Mailing Address: **135 DURYEA ROAD MELVILLE NY 11747-3834**

3. Date Incorporated or Qualified: **11/14/1994**
3a. Date of Last Report: **06/18/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 11-3136595	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, STANLEY M	1.2 NAME	
STREET ADDRESS	135 DURYEA ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY 11747-3834	1.4 CITY - ST - ZIP	
TITLE	EVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESLAWSKI, JAMES P	2.2 NAME	
STREET ADDRESS	135 DURYEA ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY 11747	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MLOTEK, MARK E	3.2 NAME	
STREET ADDRESS	135 DURYEA ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY 11747	3.4 CITY - ST - ZIP	
TITLE	SVD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALADINO, STEVEN	4.2 NAME	
STREET ADDRESS	135 DURYEA ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY 11747	4.4 CITY - ST - ZIP	
TITLE	SVD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, GERRY	5.2 NAME	
STREET ADDRESS	135 DURYEA ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY 11747	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIN, MARVIN	6.2 NAME	
STREET ADDRESS	135 DURYEA ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY 11747	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *M. Schein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SCHEIN, MARVIN**
Date: **1/29/97** Daytime Phone: **(516) 843-5973**

CR2E034 (9/96)