


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000005860</b> 1. Entity Name HENRY SCHEIN, INC.		
Principal Place of Business 135 DURYEA ROAD MELVILLE, NY 11747-3834	Mailing Address 135 DURYEA ROAD MELVILLE, NY 11747-3834	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b> </div> <div style="width: 30%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees       </div> <div style="width: 30%;"></div> </div>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	PC	
NAME	BERGMAN, STANLEY M	
STREET ADDRESS	135 DURYEA ROAD	
CITY - ST - ZIP	MELVILLE, NY 117473834	
TITLE	EVD	
NAME	BRESLAWSKI, JAMES P	
STREET ADDRESS	135 DURYEA ROAD	
CITY - ST - ZIP	MELVILLE, NY 11747	
TITLE	S	
NAME	ETTINJER, MICHAEL	
STREET ADDRESS	135 DURYEA ROAD	
CITY - ST - ZIP	MELVILLE, NY 11747	
TITLE	SVD	
NAME	PALADINO, STEVEN	
STREET ADDRESS	135 DURYEA ROAD	
CITY - ST - ZIP	MELVILLE, NY 11747	
TITLE	SVD	
NAME	BENJAMIN, GERRY	
STREET ADDRESS	135 DURYEA ROAD	
CITY - ST - ZIP	MELVILLE, NY 11747	
TITLE	D	
NAME	SCHEIN, MARVIN	
STREET ADDRESS	135 DURYEA ROAD	
CITY - ST - ZIP	MELVILLE, NY 11747	
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.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3136595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

000000593579  
01/22/07-80036-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

1/10/2007 631-843-5740