


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F94000005860
 1. Entity Name
 HENRY SCHEIN, INC.



Principal Place of Business Mailing Address
 135 DURYE A ROAD 135 DURYE A ROAD
 MELVILLE, NY 11747-3834 MELVILLE, NY 11747-3834

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

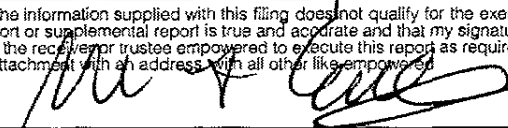
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BERGMAN, STANLEY M 135 DURYE A ROAD MELVILLE, NY 117473834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD BRESLAWSKI, JAMES P 135 DURYE A ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ETTINJER, MICHAEL 135 DURYE A ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PALADINO, STEVEN 135 DURYE A ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BENJAMIN, GERRY 135 DURYE A ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEIN, MARVIN 135 DURYE A ROAD MELVILLE, NY 11747

UD00000593579
 01/22/07-80036-025 150.00

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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:  1/10/2007 631-843-5740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #