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2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000007255

1. Entity Name

HENRY SCHEIN PPT, INC.



SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE ALAPADA 10920 WEST LINCOLN AVENUE 10920 WEST LINCOLN AVENUE WEST ALUS, WI 53227 WEST ALLIS, WI 53227 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03242006 Cha-P City & State City & State Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 City Zip Code F١ 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE TITLE Change ETTINGER, MICHAEL S NAME NAME JAMES PUCKETT STREET ADDRESS 10920 WEST LINCOLN AVENUE STREET ADDRESS 10920 WEST LINCOLN AVENUE CITY-ST-ZIP WEST ALLIS, WI 53227 CITY-ST-ZIP WEST ALLIS, WI 53227 ☐ Delete TOTLE ☐ Change TITL F ☐ Addition NAME SULLIVAN, TIMOTHY J NAME STREET ADDRESS 10920 WEST LINCOLN AVENUE STREET ADDRESS CITY-ST-ZIP WEST ALLIS, WI 53227 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE **BRESLAWSKI, JAMES** NAME 10920 WEST LINCOLN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST ALLIS, WI 53227 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE HELLER, EUGENE W NAME NAME 10920 WEST LINCOLN AVENUE STREET ADDRESS STREET ADDRESS WEST ALLIS, WI 53227 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition HOOVER, DENNIS NAME NAME 10920 WEST LINCOLN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST ALLIS, WI 53227 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 sufficient 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 regelver 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Michael S. Ettinger, Secretary 631 843-5500

RESURBIT



ACCOUNT NO. : 072100000032

REFERENCE : 943309

5046129

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 27, 2006

ORDER TIME : 9:50 AM

ORDER NO. : 943309-005

CUSTOMER NO: 5046129

AMENDED ANNUAL REPORT FILING

NAME: HENRY SCHEIN PPT, INC.

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: