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 # **P23631** **(5)**

1. Corporation Name

DARBY DENTAL SUPPLY CO., INC.

Principal Place of Business
3890 PARK CENTRAL BLVD
POMPANO BEACH FL 33064
US

Mailing Address
865 MERRICK AVENUE
WESTBURY NY 11590
US

3. Date Incorporated or Qualified: **03/29/1989**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **11-2266492** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name is listed) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	ASHKIN, MICHAEL	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	VAS	☐ DELETE
NAME	CAPUTO, MICHAEL	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	V	☑ DELETE
NAME	PERLMAN, NEIL	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	VAS	☑ DELETE
NAME	HERMAN, VICTOR	
STREET ADDRESS	865 MERRICK AENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	V	☐ DELETE
NAME	RABKIN, JEROME	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	
TITLE	V	☐ DELETE
NAME	ASHKIN, CARL	
STREET ADDRESS	865 MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	☐ Change ☑ Addition
3.2 NAME	Laura Ashkin	
3.3 STREET ADDRESS	865 merrick Ave.	
3.4 CITY-ST-ZIP	Westbury, N.Y. 11590	
4.1 TITLE	T	☐ Change ☑ Addition
4.2 NAME	Sheila Ashkin	
4.3 STREET ADDRESS	865 merrick Ave.	
4.4 CITY-ST-ZIP	Westbury, N.Y. 11590	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	☑ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Michael [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)