

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P33053 (0)

1. Corporation Name

H. MEER DENTAL SUPPLY CO.



Principal Place of Business

7277 N. HAGGERTY ROAD  
CANTON MI 48187

Mailing Address

7277 N. HAGGERTY ROAD  
CANTON MI 48187

3. Date incorporated or Qualified  
03/05/1991

3a. Date of Last Report  
06/12/1995

2. Principal Place of Business

21 3502-C Riga Blvd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 7277 N. Haggerty Rd.  
Suite, Apt. #, etc.

4. FEI Number

38-1941029

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

22 City & State

23 Tampa, FL

27 City & State

28 Canton, MI

24 Zip

33619

Country

25 Hillsborough

29 Zip

48187

Country

30 Wayne

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

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 is, if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MEER, EDWARD M.  
STREET ADDRESS 1878 PINE RIDGE CT  
CITY-ST-ZIP BLOOMFIELD HILLS MI

TITLE ☐ DELETE

NAME MEER, BRIAN  
STREET ADDRESS 3176 W. LONG LAKE RD.  
CITY-ST-ZIP W. BLOOMFIELD MI

TITLE ☐ DELETE

NAME HANDELSMAN, HERBERT B.  
STREET ADDRESS 1343 FOREST BAY DRIVE  
CITY-ST-ZIP WATERFORD MI

TITLE ☐ DELETE

NAME MEER, ROBERT  
STREET ADDRESS 15060 BURTON  
CITY-ST-ZIP OAK PARK MI

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME Brian Meer  
STREET ADDRESS  
CITY-ST-ZIP  
4-23-96  
President

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200001812512  
-05/08/96--01008--032  
\*\*\*200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Northam, Controller

1/20/96

(313) 454-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X-277

CR2E034 (12/95)