


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P39753</b>	
1. Entity Name <b>MICRO BIO-MEDICS, INC.</b>	

Principal Place of Business <b>846 PELHAM PARKWAY PELHAM MANOR, NY 10803</b>	Mailing Address <b>846 PELHAM PARKWAY PELHAM MANOR, NY 10803</b>
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-2692560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000183754 01/20/05-80002-010 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERGMAN, STANLEY 846 PELHAM PARKWAY PELHAM MANOR, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PALADINO, STEVEN 846 PELHAM PARKWAY PELHAM MANOR, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MLOTEK, MARK 846 PELHAM PARKWAY PELHAM MANOR, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUTLER, GARY 846 PELHAM PARKWAY PELHAM MANOR, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gary Butler Treas 1/4/05 914738840087570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR