2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39753

City-St-Zip:

Entity Name: MICRO BIO-MEDICS, INC

FILED Apr 03, 2006 Secretary of State

Entity Name: MICRO BIO-MEDICS, INC.						
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
846 PELHAM PARKWAY PELHAM MANOR, NY 10803				C/O HENRY SCHEIN, INC., 135 DURYEA ROAD MELVILLE, NY 11747		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
846 PELHAM PARKWAY PELHAM MANOR, NY 10803				C/O HENRY SCHEIN, INC., 135 DURYEA ROAD MELVILLE, NY 11747		
FEI Number:	: 13-2692560	FEI Number Applied For ()	FEI Number Not App	licable () Certifi	cate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address					egistered Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230					
	named entity s e of Florida.	submits this statement for the pu	rpose of changing	ts registered office o	registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () BERGMAN, STA 846 PELHAM P PELHAM MANC	ARKWAY	Title: Name: Address: City-St-Zip:	BERGMAN, STANLEY	e()Addition NC., 135 DURYEA ROAD US	
Title: Name: Address: City-St-Zip:	V () PALADINO, STE 846 PELHAM P. PELHAM MANC	ARKWAY	Title: Name: Address: City-St-Zip:	PALADINO, STEVEN	e()Addition NC., 135 DURYEA ROAD US	
Title: Name: Address: City-St-Zip:	S () MLOTEK, MARI 846 PELHAM P PELHAM MANO	ARKWAY	Title: Name: Address: City-St-Zip:	ETTINGER, MICHAEL	e()Addition NC., 135 DURYEA ROAD US	
Title: Name: Address: City-St-Zip:	T () BUTLER, GARY 846 PELHAM P PELHAM MANC	ARKWAY	Title: Name: Address: City-St-Zip:	STANLEY, GRAHAM	e()Addition NC., 135 DURYEA ROAD US	
Title: Name: Address:	()	Delete	Title: Name: Address:	MLOTEK, MARK	e (X) Addition NC., 135 DURYEA ROAD	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: MELVILLE, NY 11747 US

SIGNATURE: YVONNE Y. BOTCHEY POA 04/03/2006