


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P39753 1. Entity Name MICRO BIO-MEDICS, INC.	
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Principal Place of Business C/O HENRY SCHEIN, INC., 135 DURYEA ROAD MELVILLE, NY 11747	Mailing Address C/O HENRY SCHEIN, INC., 135 DURYEA ROAD MELVILLE, NY 11747
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

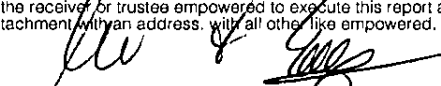
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGMAN, STANLEY C/O HENRY SCHEIN, INC., 135 DURYEA ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALADINO, STEVEN C/O HENRY SCHEIN, INC., 135 DURYEA ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ETTINGER, MICHAEL 135 DUYER RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MLOTEK, MARK 846 PELHAM PARKWAY PELHAM MANOR, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000825356 02/21/08-80005-021 150.00</p> DO NOT WRITE IN THIS SPACE

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 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:  MICHAEL ETTINGER 1/29/2008 631-843-3500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>