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

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **L27914** **(5)**

1. Corporation Name

**NATIONAL DRUG BENEFIT SERVICES CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| % POMERAZ & LANDSMAN P.A.<br>12955 BISCAYNE BLVD #402 202<br>N. MIAMI FL 33181 | % POMERAZ & LANDSMAN P.A.<br>12955 BISCAYNE BLVD #402 202<br>N. MIAMI FL 33181 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1989**
3a. Date of Last Report: **05/16/1994**

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

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

4. FEI Number: **65-0246858** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**POMERAZ, MARK L.**
**12955 BISCAYNE BLVD. #402 202**
**N. MIAMI FL 33181**

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | XX Change ☐ Addition |
| NAME | POMERANZ, MARK L | 12 NAME | |
| STREET ADDRESS | 12955 BISCAYNE BLVD. #402 202 | 13 STREET ADDRESS | 12955 Biscayne Boulevard, Suite 202 |
| CITY ST ZIP | N. MIAMI FL | 14 CITY ST ZIP | North Miami, Florida 33181 |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | FISHMAN, ROBERT | 22 NAME | |
| STREET ADDRESS | 4401 SHERIDAN STREET | 23 STREET ADDRESS | |
| CITY ST ZIP | HOLLYWOOD FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 4/28/95 Dir (305-841-5858)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0199643 CP