

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

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50 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Maynard Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L27914** (5)
1. Corporation Name
NATIONAL DRUG BENEFIT SERVICES CORPORATION

Principal Place of Business % POMERAZ & LANDSMAN P.A. 12955 BISCAYNE BLVD #402 202 N. MIAMI FL 33181	Mailing Address % POMERAZ & LANDSMAN P.A. 12955 BISCAYNE BLVD #402 202 N. MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/03/1989	3a. Date of Last Report 05/16/1994
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4. FEI Number 65-0246858	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent POMERAZ, MARK L. 12955 BISCAYNE BLVD. #402 202 N. MIAMI FL 33181
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

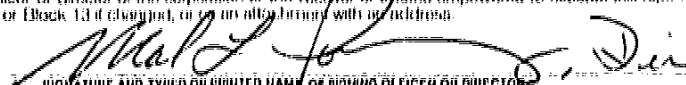
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 the date of signature) (NOTE: Registered Agent Signature required when appointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	POMERAZ, MARK L
STREET ADDRESS	12955 BISCAYNE BLVD. #402 202
CITY ST ZIP	N. MIAMI FL
TITLE	D
NAME	FISHMAN, ROBERT
STREET ADDRESS	4401 SHERIDAN STREET
CITY ST ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	12955 Biscayne Boulevard, Suite 202
14 CITY ST ZIP	North Miami, Florida 33181
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in an addition with an address.

SIGNATURE:  DATE: **4/28/95** **DM (305)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR