


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L27914**  
 1. Entity Name  
**NATIONAL DRUG BENEFIT SERVICES CORPORATION**



Principal Place of Business      Mailing Address  
**% POMERAZ & LANDSMAN P.A.**      **% POMERAZ & LANDSMAN P.A.**  
**12955 BISCAYNE BLVD, STE 202**      **12955 BISCAYNE BLVD., #202**  
**N. MIAMI, FL 33181 US**      **N. MIAMI, FL 33181 US**



04152004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0246858**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**POMERAZ, MARK L.**  
**12955 BISCAYNE BLVD., #202**  
**N. MIAMI, FL 33181**

**DO NOT WRITE IN THIS SPACE**

B. 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: *Mark L. Pomeraz*      DATE: 4/24/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees!**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POMERANZ, MARK L
STREET ADDRESS	12955 BISCAYNE BLVD., STE 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	

**DO NOT WRITE IN THIS SPACE**

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 04/27/04-80089-006 150.00

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: *Mark L. Pomeraz*      DATE: 4/24/04      DAYTIME PHONE #: (305) 891-5858  
Signature and typed or printed name of signing officer or director