

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90331 046 ***150.00

DOCUMENT # P01000049305

1. Entity Name
BEN-TAL PHARMACY SERVICES, INC.



Principal Place of Business
250 AUSTRALIAN AVE SOUTH #400
WEST PALM BEACH, FL 33401

Mailing Address
250 AUSTRALIAN AVE SOUTH #400
WEST PALM BEACH, FL 33401

50010479



2. Principal Place of Business
See attached

3. Mailing Address
3201 W. COMMERCIAL Blvd

Suite, Apt. #, etc.
130

03162006 Chg-P CR2E034 (11/05)

City & State
FL Lauderdale, FL

Zip
33309

Country
USA

4. FEI Number
52-2326064

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

Name
Melanie DAMIAN

Street Address (P.O. Box Number is Not Acceptable)
1000 Brickell Ave, #1020

City
MIAMI

Zip Code
FL 33131

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

3/31/06

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD Delete

NAME
EARLEY, MICHAEL M

STREET ADDRESS
250 AUSTRALIAN AVE SOUTH #400

CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE
MGRM Change Addition

NAME
ELLIOTT H. VERNON

STREET ADDRESS
25 FIRST Ave, #311

CITY-ST-ZIP
ATLANTIC Highlands NJ 07716

TITLE
V Delete

NAME
FINNEL, DEBBIE

STREET ADDRESS
250 AUSTRALIAN AVE SOUTH #400

CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE
 Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
S Delete

NAME
PALENZUELA, ROBERTO L

STREET ADDRESS
250 AUSTRALIAN AVE SOUTH #400

CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE
 Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 Change Addition

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CITY-ST-ZIP

TITLE
 Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

ELLIOTT H. VERNON, ESQ. - CHAIRMAN/CO-MANAGER **03/20/2006** **732-872-7211**

ATTACHMENT

500/0479
#PO1000049305-



MetcareRx Pharmaceutical Services Group, LLC

Ben-Tal Pharmacy Services, Inc.
CHCC Pharmacy
305 East 161 Street
Bronx, NY 10451
718-410-4711
718-410-8055 Fax
3325467 NABP
BB7763712 DEA
025346 Pharmacy License
52-2326064 Tax ID
02249498 Medicaid #

Ben-Tal Pharmacy Services, Inc.
FHC Pharmacy
360 East 193 Street
Bronx, NY 10458
718-741-9505
718-741-9525 Fax
3316862 NABP
BB7580409 DEA
025194 Pharmacy License
52-2326064 Tax ID
02190229 Medicaid #

Ben-Tal Pharmacy Services, Inc.
MMP Pharmacy
1515 Blondell Avenue
Bronx, NY 10461
718-239-9808
718-239-3523 Fax
3316987 NABP
BB7580396 DEA
025192 Pharmacy License
52-2326064 Tax ID
02190196 Medicaid #