

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049305

FILED  
Jul 13, 2007  
Secretary of State

Entity Name: BEN-TAL PHARMACY SERVICES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

360 EAST 193RD STREET  
BRONX, NY 10458

## Current Mailing Address:

3201 W COMMERCIAL BLVD  
130  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

870 POMPTON AVENUE  
UNIT B-2  
CEDAR GROVE, NJ 07009

FEI Number: 52-2326064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DAMIAN, MELANIE  
1000 BRICKELL AVE  
#1020  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

ROSEN, RUSSELL W  
708 THIRD AVENUE  
SUITE # 1600  
NEW YORK, FL 10017 US

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.

SIGNATURE: RUSSELL W. ROSEN

07/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MGRM ( ) Delete  
Name: VERNON, ELLIOTT H  
Address: 25 FIRST AVE., #311  
City-St-Zip: ATLANTIC HIGHLANDS, NJ 07716

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change ( ) Addition  
Name: VERNON, ELLIOTT H  
Address: 870 POMPTON AVENUE, UNIT B-2  
City-St-Zip: CEDAR GROVE, NJ 07009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT H. VERNON

MGR

07/13/2007

Electronic Signature of Signing Officer or Director

Date