

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 19, 2003 8:00 am
Secretary of State

04-25-2003 90705 001 ***600.00

4/2:

DOCUMENT # P01000049305

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



Principal Place of Business
**500 AUSTRALIAN AVE. SUITE 1000
WEST PALM BEACH FL 33401**

Mailing Address
**500 AUSTRALIAN AVE. SUITE 1000
WEST PALM BEACH FL 33401**

2. Principal Place of Bus
Change of Address:

Suite, Apt. #, etc.

City & State
**250 Australian Ave South, #400
West Palm Beach, FL 33401**



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

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
**STERNBERG, FRED
METROPOLITAN HEALTH NETWORKS, INC.
500 AUSTRALIAN AVE SOUTH, SUITE 1000
W. PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
**PD
Earley, Michael
250 Australian Ave South, #400
West Palm Beach, FL 33401**

FL Zip Code

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 *Michael Earley* **Michael Earley**
Pres + CEO
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing)

DATE **3-21-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. AND DIRECTORS IN 11	
TITLE P	STERNBERG, FRED 500 AUSTRALIAN AVE, SUITE 1000 WEST PALM BEACH FL 33401	TITLE PD	Earley, Michael 250 Australian Ave South, #400 West Palm Beach, FL 33401
TITLE ST	GARTNER, DAVID 500 AUSTRALIAN AVE, SUITE 1000 WEST PALM BEACH FL 33401	TITLE Change of Address:	250 Australian Ave South, #400 West Palm Beach, FL 33401
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 609, 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: *Michael Earley* **Michael Earley**
President + CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-21-03**

DAYTIME PHONE # **561-805-8500**

CR2E034 (10/02)