

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

FILED

00 JUN 16 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L31819

1. Entity Name

METCARE DIAGNOSTIC SERVICES, INC.

Principal Place of Business

Mailing Address

500 AUSTRALIAN AVENUE S. SUITE 1000
W. PALM BEACH, FL 33401

500 AUSTRALIAN AVENUE S
SUITE 1000
W. PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0160625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOEL J. GUILLAMA
5100 TOWN CENTER CIRCLE, SUITE 560
BOCA RATON, FLORIDA 33486-1008

Name

LAZARO J. MUR, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

2665 S. BAYSHORE DRIVE

SUITE 703

City

COCONUT GROVE

FL

Zip Code
33133

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.

SIGNATURE

LAZARO J. MUR, ESQUIRE

6/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NOEL J. GUILLAMA	
STREET ADDRESS	5100 TOWN CENTER CIRCLE S/560	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED STERNBERG	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE FINNEL	
STREET ADDRESS	500 AUSTRALIAN AVENUE	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL CAHR	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL PRESTE	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN HEIMAN	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GARTNER	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID GARTNER

4/25/00

561 805-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

ATTACHMENT
DOC# L31819

page 2 of 2
L31819

ADDITIONAL OFFICERS FOR METCARE DIAGNOSTIC SERVICES, INC.

D
MARK GERSTENFELD
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401

D
KARL SACHS
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401