

# 2001 UNIFORM BUSINESS REPORT (UBR)

0280388

**DOCUMENT # L31819**

1. Entity Name

**METCARE DIAGNOSTIC SERVICES, INC.**

**FILED**

**01 APR 26 PM 3:43**

Principal Place of Business

Mailing Address

**500 AUSTRALIAN AVENUE S.  
SUITE 1000  
WEST PALM BEACH FL 33401  
US**

**500 AUSTRALIAN AVENUE S.  
SUITE 1000  
WEST PALM BEACH FL 33401  
US**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUR, LAZARO J ESQUIRE  
2665 S. BAYSHORE DRIVE  
STE. 703  
COCONUT GROVE FL 33133**

Name

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

City

**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.

SIGNATURE

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

(NOT 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, 2001 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**  Delete  
NAME **STERNBERG, FRED**  
STREET ADDRESS **500 AUSTRALIAN AVENUE S.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **FINNEL, DEBBIE**  
STREET ADDRESS **500 AUSTRALIAN AVENUE S.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**000004164170**  
**-05/09/01--01017--002**  
**\*\*\*2300.00 \*\*\*150.00**

TITLE **D**  Delete  
NAME **CAHR, MICHAEL**  
STREET ADDRESS **500 AUSTRALIAN AVENUE S.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **PRESTE, PAUL**  
STREET ADDRESS **500 AUSTRALIAN AVENUE S.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **HEIMAN, MARVIN**  
STREET ADDRESS **500 AUSTRALIAN AVENUE S.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST**  Delete  
NAME **GARTNER, DAVID**  
STREET ADDRESS **500 AUSTRALIAN AVENUE S.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/01**  
Date

**561 805-8500**  
Daytime Phone #

CR2E034 (10/00)