

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90470 001 *2,100.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L31819**

1. Entity Name
METCARE DIAGNOSTIC SERVICES, INC.

Principal Place of Business
**500 AUSTRALIAN AVENUE S.
SUITE 1000
WEST PALM BEACH FL 33401
US**

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



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0160625** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MUR, LAZARO J ESQUIRE
2885 S. BAYSHORE DRIVE
STE. 703
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

**Fred Sternberg
500 Australian Ave. So.
Suite 1000
West Palm Beach, FL 33401**

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]*
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **RECEIVED REQUIRED** **4-25-02 661-805-8500**
Signature, typed or printed name of signing officer: **Fred Sternberg** Date: _____ Daytime Phone #: _____

CR2E034 (9/01)