

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

0874112 AV

04-25-2003 90705 001 ***600.00

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 Pla

Suite, Apt. # **Change of Address:**

CHECK HERE IF MAKING CHANGES

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

4. FEI Number **65-0160625**

Applied For
Not Applicable

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

PD
STERNBERG, FRED
500 AUSTRALIAN AVE S
SUITE 1000
WEST PALM BEACH FL 33401

PD
Earley, Michael
250 Australian Ave South, #400
West Palm Beach, FL 33401

L 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Michael Earley, Pres + CEO
(NOTE: Registered Agent signature required when reinstating)

3-21-03
DATE

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

D DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STERNBERG, FRED	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	FINNEL, DEBBIE	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARTNER, DAVID	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earley, Michael	
STREET ADDRESS	250 Australian Ave South, #400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Change of Address:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 Australian Ave South, #400	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Michael Earley Pres + CEO
3-21-03
561-805-8500
Date Daytime Phone #

CR2E084 (10/02)