FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION' **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000078615 (7)

METCARE IV. INC.

Wie i Or	110							
Principal Plac	e of Business	Mailing Address	Mailing Address					
5100 TOWN (CENTER CIRCLE	5100 TOWN CENTER C	CIRCLE					
SUITE 560		SUITE 560				DO NOT WRITE IN THIS SPACE		
BOCA RATON	I FL 33486	BOCA RATON FL 33486				3. Date Incorporated or Qualified		
						1 -		
2. Principal P	lace of Business	2a. Mailing Address				09/20/1996 4. FEI Number Applied For		
<u> </u>		26				65-0710916 Not Applical		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Additional		
2		27			5. Certificate of Status Desired Fee Required			
City & Stat	е	City & State				Election Campaign Financing \$5.00 May Be		
3		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ntry		B. This corporation owes or has paid the current year Intangible		
4	25	29	30			Personal Property Tax due June 30. XX Yes No		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent		
office or re agent I a SIGNATURE	to the provision. of verticals 60,00/2 egistered edgy, only the little street m familiar vert, any needs the collection Signates were refreshed to making again	www.	tutes, the ab s authorized Florida Statu	ove- f by tates.		orporation submits this statement for the purpose of changing its registered accept the appointment as registered spaced when renstating) DATE		
12,		DIRECTORS	13.	rigen	- Ognical tea	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 101	LF		XKI Change Addit		
NAME	GUILLIAMA, NOEL J		1.2 NA	ME	- 1			
STREET ADDRESS	5100 TOWN CENTER CIRCLE		1,3 \$11	REET A	ODRESS S	Suite 560		
CITY-ST-ZIP	BOCA RATON FL		1.4 CI)	Y-ST	⁻			
TITLE	VPDS	DELETE				Boca Raton, FL 33486 KRChange Addit		
NAME	COHEN, DONALD		2.2 NA	ΜE	\	VDS		
STREET ADDRESS	\$100 TOWN CENTER CIRCLE	STE 560	23811	REET A	DORESS			
CITY-\$T-ZiP	BOCA RATON FL		2. 4 CI	14 - S <u>T</u>	- 7 1P			
TITLE		☐ DELETE	3.1 TiT	LE		Change Additi		
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET A	DDRESS			

41 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

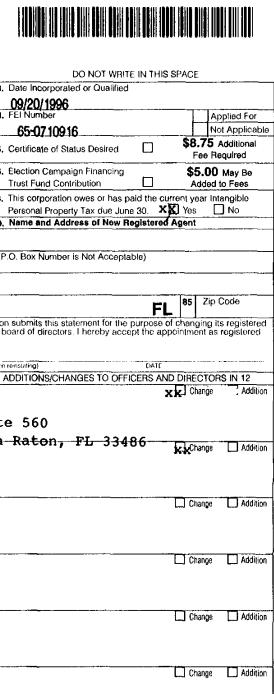
4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

FILED May 15 1998 8:00am Secretary of State



14. Thereby certify that the information supplindicated on this annual report or supplindicated on the samual report of supplindicated on the corporation of Block 12 or Block 13 if changed, or if a

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information currate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in