

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT #

P96000078615

1. Entity Name

METCARE IV, INC.

FILED

00 JUN 16 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~42233~~

Principal Place of Business Mailing Address
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
Zip Country Zip Country

4. FEI Number Applied For
65-0710916 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NOEL J. GUILLAMA
5100 TOWN CENTER CIRCLE, SUITE 560
BOCA RATON, FLORIDA 33486-1008

7. Name and Address of New Registered Agent
Name LAZARO J. MUR, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
2665 S. BAYSHORE DRIVE
SUITE 703
City COCONUT GROVE
600003296356-7
06/20/00 01016-001
FL ***2391

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 DATE 6/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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 VDS <input checked="" type="checkbox"/> Delete	NAME DONALD COHEN
STREET ADDRESS 5100 TOWN CENTER CIRCLE S/560	
CITY-ST-ZIP BOCA RATON, FL 33486	
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 <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 S.	
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 another 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# P96000078615 P990202

P96000078615

~~12233~~

ADDITIONAL OFFICERS FOR METCARE IV, 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