

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

05-14-2002 90470 001 *2,100.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034828

1. Entity Name
METCARE HOLDINGS, INC.

Principal Place of Business
500 AUSTRALIAN AVENUE S.
SUITE 1000
W. PALM BEACH FL 33401

Mailing Address
500 AUSTRALIAN AVENUE S.
SUITE 1000
W. PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0750392
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
2665 S. BAYSHORE DRIVE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
Name Fred Sternberg
Street 500 Australian Ave. So.
Suite 1000
City 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]*
Specify, 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. (See criteria on back)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STERNBERG, FRED STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP W. PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME FINNELL, DEBBIE STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP W. PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CAHR, MICHAEL STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PRESTE, PAUL STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME HEIMAN, MARVIN STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME GARTNER, DAVID STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP W. PALM BEACH FL 33401	<input type="checkbox"/> Delete	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]* **REQUIRED**
Date: 4-25-02 Daytime Phone #: 561-805-8500
Fred Sternberg

CR2E034 (9/01)