

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90706 001 \*1,650.00

0376007 AV

**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**



2. Principal Place of Business

**Change of Address:**

Suite, Apt. #, etc.

City & State

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

Zip

Country

4. FEI Number

**65-0750392**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERNBERG, FRED  
500 AUSTRALIAN AVENUE SOUTH  
SUITE 1000  
WEST PALM BEACH FL 33401**

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

**FL** 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Michael Earley  
Pres + CEO*

**3-21-03**

**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

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

AND DIRECTORS IN 11

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

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

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:

*Michael Earley  
Pres + CEO*

**3-21-03**

**561-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)