

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

00 JUN 16 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000100698

1. Entity Name

METCARE VIII, INC.

Principal Place of Business

Mailing Address

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

500 AUSTRALIAN SOUTH 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

4. FEI Number

65-0900183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

12234

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOEL J. GUILLAMA
5100 TOWN CENTER CIRCLE, SUITE 560
BOCA RATON, FLORIDA 33486-1008

Name

LAZARO J. MUR, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

2665 S. BAYSHORE DRIVE

SUITE 703

800003296358-1

City

COCONUT GROVE

06/20/00 01016 001
***2391.5L ***239.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NOEL J. GUILLAMA 5100 TOWN CENTER CIRCLE S/560 BOCA RATON, FL 33486 <input checked="" 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	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRED STERNBERG 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEBBIE FINNEL 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 44401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL CAHR 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN HEIMAN 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL PRESTE 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVID GARTNER 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE:

DAVID GARTNER

4/25/00

Date

561 805-8500

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

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~~12231~~

ADDITIONAL OFFICERS FOR METCARE VIII, 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