

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90470 001 *2,100.00

DOCUMENT # P98000100678
 1. Entity Name
METCARE VIII, INC.

Principal Place of Business 500 AUSTRALIAN AVENUE S SUITE 1000 WEST PALM BEACH FL 33401	Mailing Address 500 AUSTRALIAN AVENUE S SUITE 1000 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0900183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MUR, LAZARO J ESQUIRE
 2665 S. BAYSHORE DRIVE
 SUITE 703
 COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name Fred Sternberg	Street 500 Australian Ave. So.
	Suite 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]*
Signature, 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

TITLE NAME PD STERNBERG, FRED	<input type="checkbox"/> Delete
STREET ADDRESS 500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME V FINNEL, DEBBIE	<input type="checkbox"/> Delete
STREET ADDRESS 500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME D CAHR, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME D HEIMAN, MARVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME D PRESTE, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME ST GARTNER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP WEST PALM BEACH FL 33401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fred Sternberg

Date: **4-25-02**
 Daytime Phone #: **561-845-8500**

CR2E034 (9/01)