2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 22, 2002 8:00 am Secretary of State DOCUMENT # L9900003089 1. Entity Name 08-22-2002 90003 040 ****50.00 METCARE, LLC Principal Place of Business Mailing Address 500 AUSTRALIAN AVENUE SOUTH, SUITE 1000 500 AUSTRALIAN AVENUE SOUTH, SUITE 1000 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0923569 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUR, LAZARO J ESQ. ---STERNBERG. O. Box Number is Not Acceptable) SOWTH (000 2665 S. BAYSHORE DR., SUITE 703 COCONUT GROVE FL 33133-1008 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 a (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME EISENBERG, LANCE NAME STREET ADDRESS **500 AUSTRALIAN AVENUE SOUTH** STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CITY-ST-ZIP MGR TITLE Delete TITLE Change ☐ Addition GRIER, ROBERT NAME NAME STREET ADDRESS 500 AUSTRALIAN AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 500 Australian Avenue S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Palm Brach CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS ach &L 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change Addition Σ. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP L33401 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

STREET ADDRESS

CITY-ST-7IP

☐ Delete

SIGNATURE 2mbai MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition