

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003089

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: METCARE, LLC

**Current Principal Place of Business:**

250 SOUTH AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

250 SOUTH AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 65-0923569      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EARLEY, MICHAEL M  
250 SOUTH AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33139 US

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: KARLA L. SARRIA, VP CCNI      03/22/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: EARLEY, MICHAEL M  
Address: 250 SOUTH AUSTRALIAN AVE #400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR      ( ) Delete  
Name: FINNEL, DEBBIE  
Address: 250 SOUTH AUSTRALIAN AVE #400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR      ( ) Delete  
Name: PALENZUELA, ROBERTO L  
Address: 250 SOUTH AUSTRALIAN AVE #400  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: ROBERTO PALENZUELA      S      03/22/2005  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date