


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

04-25-2003 90757 038 ****50.00

DOCUMENT # L99000003089

1. Entity Name
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 **Change of Address:** etc.

City & St **250 Australian Ave South, #400**

Zip **West Palm Beach, FL 33401** Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0923569** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

STERNBERG, FRED
500 AUSTRALIAN AVE SOUTH 1000
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **PD**

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

City 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]* **Michael Earley, Pres + CEO** **3-21-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBERG, FRED 500 AUSTRALIAN AVENUE SOUTH W. PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Earley, Michael 250 Australian Ave South, #400 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINNELL, DEBBIE 500 AUSTRALIAN AVENUE SOUTH W. PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change of Address: 250 Australian Ave South, #400 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARTNER, DAVID 500 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **Michael Earley**
President + CEO **3-21-03** **561-805-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)