

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90470 001 \*2,100.00

**DOCUMENT # P01000087152**

1. Entity Name

**METCARE PHARMACY GROUP, INC.**

Principal Place of Business

**500 AUSTRALIAN AVE. S., SUITE 1000  
W. PALM BCH FL 33401**

Mailing Address

**500 AUSTRALIAN AVE. S., SUITE 1000  
W. PALM BCH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUR, LAZARO J**  
**500 AUSTRALIAN AVE. S., SUITE 1000**  
**W. PALM BCH FL 33401**

Name **Fred Sternberg**  
 Street **500 Australian Ave. So.**  
**Suite 1000**  
 City **West Palm Beach, FL 33401**  
 Zip Code

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Fred Sternberg 500 Australian Ave. So, Suite 1000 West Palm Beach, FL 33401 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Debbie Finnel 500 Australian Ave. So, Suite 1000 West Palm Beach, FL 33401 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST David Gartner 500 Australian Ave. So, Suite 1000 West Palm Beach, FL 33401 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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

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 all other like empowered.

SIGNATURE:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

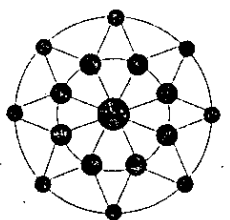
Fred Sternberg

Date

Daytime Phone #

4-25-02 561-805-8500

CR2034 (9/01)



**METCARE™**

*Attachment  
90723*

*PD1000087182*

May 28, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

As per your attached letter of May 22, 2002, please find enclosed signed annual report/uniform business report forms for the corporations listed below. As you requested, the new registered agent has signed each form thereby accepting the designation.

Name	FEI Number	Document/Reference #
METCARE OF FLORIDA, INC.	65-0879131	P98000096189
METCARE VIII, INC.	65-0900183	P98000100678
METCARE PHARMACY GROUP, INC.	65-1137991	P01000087152
METROPOLITAN HEALTH NETWORKS, INC.	65-0635748	P96000004953
METCARERX, INC.	65-1108110	P99000065954
METCARE DIAGNOSTIC SERVICES, INC.	65-0160625	L31819
METCARE HOLDINGS, INC.	65-0750392	P97000034828
METLABS, INC.	65-1048555	P99000071449
METCARE HEALTH PLANS, INC.	65-1137990	P01000087158
METCARE MEDICAL GROUP, INC.	65-0683640	P96000043883
METCARE, INC.	65-0750140	P96000033263
METCARE X, INC.	65-1108114	P99000077356
GENERAL MEDICAL ASSOCIATES, INC.	65-0710916	P96000078618