

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087152

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: METCARE PHARMACY GROUP, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 65-1137991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERNBERG, FRED E  
500 AUSTRALIAN AVE. S., SUITE 1000  
W. PALM BCH, FL 33401

## Name and Address of New Registered Agent:

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

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: MICHAEL M. EARLEY

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: FINNEL, DEBBIE  
Address: 500 AUSTRALIAN AVE. S., SUITE 1000  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST ( ) Delete  
Name: GARTNER, DAVID  
Address: 500 AUSTRALIAN AVE. S., SUITE 1000  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL M. EARLEY

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date