

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90706 001 *1,650.00

03/5/03 AV

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

Change of Address:

Suite, Apt. #, etc.

City & State **250 Australian Ave South, #400
West Palm Beach, FL 33401**

Zip Country

4. FEI Number **65-1137991**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

Nar **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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3-21-03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **STERNBERG, FRED**
STREET ADDRESS **500 AUSTRALIAN AVE. S., SUITE 1000**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V** ☐ Delete
NAME **FINNEL, DEBBIE**
STREET ADDRESS **500 AUSTRALIAN AVE. S., SUITE 1000**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **ST** ☐ Delete
NAME **GARTNER, DAVID**
STREET ADDRESS **500 AUSTRALIAN AVE. S., SUITE 1000**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. **PD**
NAME **Earley, Michael**
STREET ADDRESS **250 Australian Ave South, #400**
CITY-ST-ZIP **West Palm Beach, FL 33401**

DIRECTORS IN 11
☐ Change ☒ Addition

Change of Address:
☒ Change ☐ Addition
**250 Australian Ave South, #400
West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)