

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087158

FILED
Apr 23, 2004
Secretary of State

Entity Name: METCARE HEALTH PLANS, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

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

New Mailing Address:

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

FEI Number: 65-1137990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EARLEY, MICHAEL
250 AUSTRALIAN AVE S
STE 400
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

EARLEY, MICHAEL M
250 AUSTRALIAN AVE SOUTH
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

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: ST () Delete
Name: GARNER, DAVID
Address: 250 AUSTRALIAN AVE SOUTH, #400
City-St-Zip: WEST PALM BEACH, FL 33401

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: EARLEY, MICHAEL M
Address: 250 AUSTRALIAN AVE SOUTH, #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

04/23/2004

Electronic Signature of Signing Officer or Director

Date