

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

03/6210 AV

DOCUMENT # P01000087158

1. Entity Name
METCARE HEALTH PLANS, 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.

Change of Address:

City & State

250 Australian Ave South, #400
West Palm Beach, FL 33401

Zip

Country

4. FEI Number **65-1137990**

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
500 AUSTRALIAN AVE S
STE 1000
WEST PALM BEACH FL 33401

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

Registered Agent

FL 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 *Michael Earley*
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

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

TITLE **ST** ☐ **Delete**
NAME **GARNER, DAVID**
STREET ADDRESS **500 AUSTRALIAN AVE S STE 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
Earley, Michael
250 Australian Ave South, #400
West Palm Beach, FL 33401

11. IND DIRECTORS IN 11
☐ **Change** ☒ **Addition**

Change of Address:

250 Australian Ave South, #400
West Palm Beach, FL 33401

☒ **Change** ☐ **Addition**

☒ **Change** ☐ **Addition**

☐ **Change** ☐ **Addition**

☐ **Change** ☐ **Addition**

☐ **Change** ☐ **Addition**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)