

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90331 045 ***150.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # P02000066666 1. Entity Name METCARE RX BUFFALO, INC. | | | | | |
| Principal Place of Business 250 AUSTRALIAN AVENUE SOUTH #400 WEST PALM BEACH, FL 33401 | | | Mailing Address 250 AUSTRALIAN AVENUE SOUTH #400 WEST PALM BEACH, FL 33401 | | |
| 2. Principal Place of Business 462 GRIDER ST. Suite, Apt. #, etc. | | 3. Mailing Address 3201 W. COMMERCIAL BLVD Suite, Apt. #, etc. #130 | | | |
| City & State Buffalo NY | | City & State Fort Lauderdale FL | | 4. FEI Number 02-0621696 | |
| Zip 14215 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 | | | | 7. Name and Address of New Registered Agent Name MELANIE DAMIAN Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE, #1020 City MIAMI, FL Zip Code 33131 | |
| 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 DATE 3/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EARLY, MICHAEL M 250 AUSTRALIAN AVE SOUTH #400 WEST PALM BEACH, FL 33401 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ELLIOTT H. VERNON 25 FIRST AVE #311 ATLANTIC Highlands, NJ 07716 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FINNEL, DEBBIE 250 AUSTRALIAN AVE SOUTH #400 WEST PALM BEACH, FL 33401 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PALENZUELA, ROBERTO L 250 AUSTRALIAN AVE SOUTH #400 WEST PALM BEACH, FL 33401 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
ELLIOTT H. VERNON ESQ. CHAIRMAN/CO-MANAGER

Date
03/26/2006

Daytime Phone #
732-872-7211