

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 Mailing Address

250 AUSTRALIAN AVENUE SOUTH #400 WEST PALM BEACH, FL 33401 **250 AUSTRALIAN AVENUE SOUTH #400 WEST PALM BEACH, FL 33401**

J0010300

2. Principal Place of Business 3. Mailing Address

462 GRIDER ST. **3201 W. COMMERCIAL BLVD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#130



03162006 Chg-P CR2E034 (11/05)

City & State City & State

Buffalo NY **FORT LAUDERDALE FL**

Zip Country Zip Country

14215 USA **33309 USA**

4. FEI Number Applied For

02-0621696 Not Applicable

5. Certificate of Status Desired **\$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

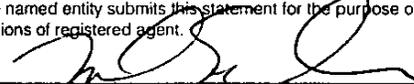
7. Name and Address of New Registered Agent

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**

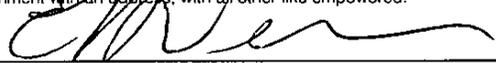
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Date: **03/26/2006** Daytime Phone #: **732-872-7211**

ELLIOTT H. VERNON ESQ. CHAIRMAN/CO-MANAGER