

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-25-2003 90706 001 *1,650.00
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DOCUMENT # P02000066666



1. Entity Name
METCARE RX BUFFALO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 29 PM 1:03

Principal Place of Business
500 AUSTRALIAN AVENUE SOUTH
SUITE 1000
WEST PALM BEACH FL 33401

Mailing Address
500 AUSTRALIAN AVENUE SOUTH
SUITE 1000
WEST PALM BEACH FL 33401



2. Principal Place of Business 3. Mailing Address

Change of Address:

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

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

4. FEI Number 02-0621696 Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERNBERG, FREDERICK
500 AUSTRALIAN AVENUE SOUTH
SUITE 1000
WEST PALM BEACH FL 33401

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Date Daytime Phone #

CR2E034 (10/02)