

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000033263 (0)
 1. Corporation Name
METCARE, INC.



Principal Place of Business: **5100 TOWN CENTER CIRCLE SUITE 560 BOCA BEACH FL 33486**

Mailing Address: **5100 TOWN CENTER CIRCLE SUITE 560 BOCA BEACH FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/15/1996**

4. FEI Number: **65-0750140** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State: **Boca Raton**

23. Zip: Country

24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

9. Name and Address of Current Registered Agent

GUILLAMA, NOEL J
5100 TOWN CENTER CIRCLE
SUITE 560
BOCA BEACH FL 33486

10. Name and Address of New Registered Agent

81. Name: **Noel J. Guillama**

82. Street Address (P.O. Box Number is Not Acceptable): **5100 TOWN CENTER CIRCLE SUITE 560 BOCA BEACH FL 33486**

83. City: **Boca Raton** FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.08(2) and 607.08(3), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.08(2), Florida Statutes.

SIGNATURE: *Noel J. Guillama* **Noel J. Guillama** DATE: **4/29/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GUILLAMA, NOEL J | |
| STREET ADDRESS | 5100 TOWN CENTER CIRCLE | |
| CITY-ST-ZIP | BOCA BEACH FL 33486 | |
| TITLE | VPDS | <input type="checkbox"/> DELETE |
| NAME | COHEN, DONALD | |
| STREET ADDRESS | 5100 TOWN CENTER CIRCLE | |
| CITY-ST-ZIP | BOCA BEACH FL 33486 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | Suite 560 | |
| 1.4 CITY-ST-ZIP | Boca Raton | |
| 2.1 TITLE | VDS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | Suite 560 | |
| 2.4 CITY-ST-ZIP | Boca Raton | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 annual report or supplementary statement 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the immediately preceding address.

SIGNATURE: *Noel J. Guillama* **Noel J. Guillama** DATE: **4/29/98** **561-4169484**

CR2E034 (10/97)