

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90470 001 *2,100.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033263

1. Entity Name
METCARE, INC.

Principal Place of Business 500 AUSTRALIAN AVENUE S SUITE 1000 WEST PALM BEACH FL 33401	Mailing Address 500 AUSTRALIAN AVENUE S SUITE 1000 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0750140		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MUR, LAZARO J ESQUIRE 2665 S. BAYSHORE DRIVE SUITE 703 COCONUT GROVE FL 33133				7. Name and Address of New Registered Agent Name: Fred Sternberg Street: 500 Australian Ave. So. Suite 1000 City: West Palm Beach, FL 33401 Zip Code: _____			
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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.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERNBERG, FRED 500 AUSTRALIAN AVENUE S WEST PALM BEACH FL 33401 <input 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	V FINNELL, DEBBIE 500 AUSTRALIAN AVENUE S WEST PALM BEACH FL 33401 <input 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	D CAHR, MICHAEL 500 AUSTRALIAN AVENUE S 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	D PRESTE, PAUL 500 AUSTRALIAN AVENUE S 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	D HEIMAN, MARVIN 500 AUSTRALIAN AVENUE S 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	ST GARTNER, DAVID 500 AUSTRALIAN AVENUE S WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT
 Fred Sternberg

Date: 4-25-02 Daytime Phone #: 561-805-8500

CR2E034 (9/01)