

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033263

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: METCARE, INC.

## Current Principal Place of Business:

250 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

250 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 65-0750140      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EARLEY, MICHAEL M  
250 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33139 US

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: KARLA L. SARRIA, VP CCNI

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EARLEY, MICHAEL M  
Address: 250 AUSTRALIAN AVE SOUTH, #400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V ( ) Delete  
Name: FINNEL, DEBBIE  
Address: 250 AUSTRALIAN AVE SOUTH, #400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete  
Name: PALENZUELA, ROBERTO L  
Address: 250 AUSTRALIAN AVE SOUTH, #400  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO PALENZUELA

S

03/22/2005

Electronic Signature of Signing Officer or Director

Date