

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 19, 2003 8:00 am
Secretary of State

4/2:

04-25-2003 90706 001 *1,650.00

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**

2. Principal Place of Business
Suite, Apt. #, etc. **Change of Address:**

3. Mailing Address

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

Zip

Country



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent
**STERNBERG, FRED
500 AUSTRALIAN AVENUE SOUTH
SUITE 1000
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
**PD
Earley, Michael
250 Australian Ave South, #400
West Palm Beach, FL 33401**

FL 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 *Michael Earley* PRES & CEO DATE **3-21-03**

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, 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. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	FINNEL, DEBBIE	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARTNER, DAVID	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change of Address:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 Australian Ave South, #400	
STREET ADDRESS	West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earley, Michael	
STREET ADDRESS	250 Australian Ave South, #400	
CITY-ST-ZIP	West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 609, 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: *Michael Earley* PRES & CEO DATE **3-21-03** 805-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)