

# 2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

00 JUN 16 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000043883**

1. Entity Name

METCARE MEDICAL GROUP, INC.

Principal Place of Business Mailing Address  
500 AUSTRALIAN AVENUE S. 500 AUSTRALIAN AVE. S  
SUITE 1000 SUITE 1000  
W. PALM BEACH, FL 33401 W. PALM BEACH, FL 33401

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0683640

Applied For

Not Applicable

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

NOEL J. GUILLAMA  
5100 TOWN CENTER CIRCLE, SUITE 560  
BOCA RATON, FLORIDA 33486-1008

Name

LAZARO J. MUR, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

2665 S. BAYSHORE DRIVE

SUITE 703

City

COCONUT GROVE

300003296379--6  
-06/20/00--01016--001  
\*\*\*2391.25 FL \*\*\*150.00  
33133

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

LAZARO J. MUR, ESQUIRE

6/1/00

Signature, typed or printed name of registered agent and title if 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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 PD ☒ Delete  
NAME NOEL J. GUILLAMA  
STREET ADDRESS 5100 TOWN CENTER CIRCLE S/560  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE PD ☐ Change ☒ Addition  
NAME FRED STERNBERG  
STREET ADDRESS 500 AUSTRALIAN AVENUE S.  
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE VDT ☒ Delete  
NAME DONALD COHEN  
STREET ADDRESS 5100 TOWN CENTER CIRCLE S/560  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE V ☐ Change ☒ Addition  
NAME DEBBIE FINNEL  
STREET ADDRESS 500 AUSTRALIAN AVENUE S.  
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME MICHAEL CAHR  
STREET ADDRESS 500 AUSTRALIAN AVENUE S.  
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME MARVIN HEIMAN  
STREET ADDRESS 500 AUSTRALIAN AVENUE S.  
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME PAUL PRESTE  
STREET ADDRESS 500 AUSTRALIAN AVENUE S.  
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Change ☒ Addition  
NAME DAVID GARTNER  
STREET ADDRESS 500 AUSTRALIA AVENUE S.  
CITY-ST-ZIP W. PALM BEACH, FL 33401

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 an address, with all other like empowered.

SIGNATURE:

*David Gartner*

DAVID GARTNER

4/25/00

561 805-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

ATTACHMENT 1:

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ADDITIONAL OFFICERS FOR METCARE MEDICAL GROUP, INC.

D  
MARK GERSTENFELD  
500 AUSTRALIAN AVENUE S.  
W. PALM BEACH, FL 33401

D  
KARL SACHS  
500 AUSTRALIAN AVENUE S.  
W. PALM BEACH, FL 33401