

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90470 001 *2,100.00

DOCUMENT # P96000043883

1. Entity Name

METCARE MEDICAL GROUP, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

MUR, LAZARO J ESQUIRE
2665 S. BAYSHORE DRIVE
SUITE 703
COCONUT GROVE FL 33133

Fred Sternberg
500 Australian Ave. So.
Suite 1000
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.

SIGNATURE

Signature, typed or printed name of registered agent and state 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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	STERNBERG, FRED	500 AUSTRALIAN AVENUE S.	WEST PALM BEACH FL 33401	<input type="checkbox"/>
V	FINNEL, DEBBIE	500 AUSTRALIAN AVENUE S.	WEST PALM BEACH FL 33401	<input type="checkbox"/>
D	CAHR, MICHAEL	500 AUSTRALIAN AVENUE S.	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
D	HEIMAN, MARVIN	500 AUSTRALIAN AVENUE S.	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
D	PRESTE, PAUL	500 AUSTRALIAN AVENUE S.	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
ST	GARTNER, DAVID	500 AUSTRALIAN AVENUE S.	WEST PALM BEACH FL 33401	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Fred Sternberg

Date

Daytime Phone #

4-25-02 561-805-8500

CR2E034 (9/01)