

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90470 001 *2,100.00

DOCUMENT # P96000078615

1. Entity Name

METCARE IV, 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

65-0710916

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**

7. Name and Address of New Registered Agent

Name **Fred Sternberg**
 Street **500 Australian Ave. So.**
Suite 1000
West Palm Beach, FL 33401
 City _____ 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 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, 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 **PD** ☐ Delete
 NAME **STERNBERG, FRED**
 STREET ADDRESS **500 AUSTRALIAN AVENUE S**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **V** ☐ Delete
 NAME **FINNEL, DEBBIE**
 STREET ADDRESS **500 AUSTRALIAN AVENUE S**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** ☒ Delete
 NAME **CAHR, MICHAEL**
 STREET ADDRESS **500 AUSTRALIAN AVENUE S**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** ☒ Delete
 NAME **PRESTE, PAUL**
 STREET ADDRESS **500 AUSTRALIAN AVENUE S**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** ☒ Delete
 NAME **HEIMAN, MARVIN**
 STREET ADDRESS **500 AUSTRALIAN AVENUE S**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **ST** ☐ Delete
 NAME **GARTNER, DAVID**
 STREET ADDRESS **500 AUSTRALIAN AVENUE S**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Date

Daytime Phone #

CR2E034 (9/01)