

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90705 001 \*\*\*600.00

0374675 AV

**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

**Change of Address:**

Suite, Apt. #, etc.

City & State

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

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

**STERNBERG, FRED  
500 AUSTRALIAN AVE. SO. SUITE 1000  
WEST PALM BEACH FL 33401**

**PD  
Earley, Michael  
250 Australian Ave South, #400  
West Palm Beach, FL 33401**

Registered Agent

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **STERNBERG, FRED**  
STREET ADDRESS **500 AUSTRALIAN AVENUE S**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. **PD** ☒ ND DIRECTORS IN 11

TITLE **Earley, Michael** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **250 Australian Ave South, #400**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

**Change of Address:** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**250 Australian Ave South, #400** ☒ Change ☐ Addition  
**West Palm Beach, FL 33401**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)