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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078618 (1)

1. Corporation Name
METCARE III, INC.

Principal Place of Business
5100 TOWN CENTER CIRCLE
SUITE 560
BOCA RATON FL 33486

Mailing Address
5100 TOWN CENTER CIRCLE
SUITE 560
BOCA RATON FL 33486-1006



3. Date Incorporated or Qualified
09/20/1996

3a. Date of Last Report

4. FEI Number
65-0710915

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUILLAMA, NOEL J
5100 TOWN CENTER CIRCLE
SUITE 560
BOCA RATON FL 33486

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GUILLAMA, NOEL J
STREET ADDRESS 5100 TOWN CENTER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME GUILLAMA, NOEL J
1.3 STREET ADDRESS 5100 TOWN CENTER CIRCLE STE 560
1.4 CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☒ DELETE
NAME MILIAN, TONY
STREET ADDRESS 5100 TOWN CENTER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE VP/D/S/T ☐ Change ☒ Addition
2.2 NAME COHEN, DONALD.
2.3 STREET ADDRESS 5100 TOWN CENTER CIRCLE STE 560
2.4 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplement to annual 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 12 or Block 13, as applicable, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Noel J. Guillama 4/24/97 (561) 416-9484

Date

Daytime Phone #

CR2E034 (9/96)