FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2002 8:00 am Secretary of State P97000034828 DOCUMENT # 05-14-2002 90470 001 *2.100.00 1. Entity Name METCARE HOLDINGS, INC. Principal Place of Business Mailing Address 500 AUSTRALIAN AVENUE S. 500 AUSTRALIAN AVENUE 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. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0750392 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nam Fred Sternberg MUR. LAZARO J ESQUIRE Stree 500 Australian Ave. So. 2665 S. BAYSHORE DRIVE Suite 1000 **COCONUT GROVE FL 33133** West Palm Beach, FL 33401 Zip Code 8. The above named entity subhis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so-After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE (8/01) Change ■ Addition NAME STERNBERG, FRED NAME 500 AUSTRALIAN AVENUE S. STREET ADDRESS STREET ADDRESS CR2E034 W. PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME FINNEL DEBBIE NAME STREET ADDRESS 500 AUSTRALIAN AVENUE S. STREET ADDRESS CITY-ST-7IP W. PALM BEACH FL 33401 CITY-ST-ZIP MILE Decelete TITLE ☐ Change ☐ Addition NAME CAHR, MICHAEL NAME STREET ADDRESS 500 AUSTRALIAN AVENUE S. STREET ADDRESS CITY-ST-7IP W. PALM BEACH FL 33401 CITY-ST-ZIP TITLE Delete TITLE . ☐ Change ☐ Addition NAME PRESTE, PAUL NAME 500 AUSTRALIAN AVENUE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiphanged, or on an attachmen with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

TITLE

NAME

SIGNATURE

HEIMAN, MARVIN

GARTNER, DAVID

500 AUSTRALIAN AVENUE S.

500 AUSTRALIAN AVENUE S.

W. PALM BEACH FL 33401

W. PALM BEACH FL 33401

TITLE

MAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Fred Stemberg

Delete

☐ Delete

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☐ Addition

☐ Addition