

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90706 001 *1,650.00

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DOCUMENT # P97000034828

1. Entity Name
METCARE HOLDINGS, INC.



Principal Place of Business
**500 AUSTRALIAN AVENUE S.
SUITE 1000
W. PALM BEACH FL 33401**

Mailing Address
**500 AUSTRALIAN AVENUE S.
SUITE 1000
W. PALM BEACH FL 33401**



2. Principal Place of Business

Change of Address:

Suite, Apt. #, etc.

City & State

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

Zip

Country

4. FEI Number **65-0750392**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PD
STERNBERG, FRED
500 AUSTRALIAN AVENUE SOUTH
SUITE 1000
WEST PALM BEACH FL 33401**

**PD
Earley, Michael
250 Australian Ave South, #400
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. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD STERNBERG, FRED 500 AUSTRALIAN AVENUE S. W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINNEL, DEBBIE 500 AUSTRALIAN AVENUE S. W. PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARTNER, DAVID 500 AUSTRALIAN AVENUE S. W. PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

AND DIRECTORS IN 11

☐ Change ☒ Addition

Change of Address:
**250 Australian Ave South, #400
West Palm Beach, FL 33401**

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)