

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096189

1. Entity Name
METCARE OF FLORIDA, 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

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90470 001 *2,100.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0879131		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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
City West Palm Beach, FL 33401
Zip Code

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STERNBERG, FRED 500 AUSTRALIAN AVENUE S. WEST PALM BEACH FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINNEL, DEBBIE 500 AUSTRALIAN AVENUE S. WEST PALM BEACH FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHR, MICHAEL 500 AUSTRALIAN AVENUE S. WEST PALM BEACH FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESTE, PAUL 500 AUSTRALIAN AVENUE S. WEST PALM BEACH FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIMAN, MARVIN 500 AUSTRALIAN AVENUE S. WEST PALM BEACH FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARTNER, DAVID 500 AUSTRALIAN AVENUE S. WEST PALM BEACH FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Fred Sternberg

Date

Daytime Phone #

CR2E034 (9/01)