

# 2001 UNIFORM BUSINESS REPORT (UBR)

0208044

DOCUMENT # P98000100691

1. Entity Name

METCARE OF TREASURE COAST, INC.

FILED

01 MAY 21 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*



DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**  
**65-1108709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUR, LAZARO J ESQUIRE  
2665 S. BAYSHORE DRIVE  
SUITE 703  
COCONUT GROVE FL 33133

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PD ☐ Delete  
NAME STERNBERG, FRED  
STREET ADDRESS 500 AUSTRALIAN AVENUE S  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **800004164178---0**  
CITY-ST-ZIP **-05/03/01--01017-002**

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **\*\*\*2300.00 \*\*\*\*150.00**  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CAHR, MICHAEL  
STREET ADDRESS 500 AUSTRALIAN AVENUE S  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE D ☐ Delete  
NAME PRESTE, PAUL  
STREET ADDRESS 500 AUSTRALIAN AVENUE S  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE D ☐ Delete  
NAME HEIMAN, MARVIN  
STREET ADDRESS 500 AUSTRALIAN AVENUE S  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

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

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

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 OR DIRECTOR

4/2/01

561 905-8500

Date

Daytime Phone #

CR2E034 (10/00)