

# 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

0375546 AV

**DOCUMENT # P99000065954**

1. Entity Name  
**METCARERX (FL), 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Change of Address:**

City & State

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

Zip

Country

4. FEI Number

**65-1108110**

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

**STERNBERG, FRED  
500 AUSTRALIAN AVE SO  
SUITE 1000  
WEST PALM BEACH FL 33410**

**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  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

TITLE **PD** ☒ Delete  
NAME **STERNBERG, FRED**  
STREET ADDRESS **500 AUSTRALIAN AVENUE S.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PD**  
NAME **Earley, Michael**  
STREET ADDRESS **250 Australian Ave South, #400**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

AND DIRECTORS IN 11

☐ Change ☒ Addition

TITLE **ST** ☐ Delete  
NAME **GARTNER, DAVID**  
STREET ADDRESS **500 AUSTRALIAN AVE SO SUITE 1000**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

☒ Change ☐ Addition

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

TITLE **Change of Address:**  
NAME **250 Australian Ave South, #400**  
STREET ADDRESS **West Palm Beach, FL 33401**  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 687, 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)