

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90004 037 ***150.00

DOCUMENT # F00000002860

1. Entity Name
MEDICAL MANAGER PCN, INC.

Principal Place of Business 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407	Mailing Address 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407
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654364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-3719866		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAYMAN, KIRK G			NAME			
STREET ADDRESS	669 RIVER DRIVE CENTER 2			STREET ADDRESS			
CITY-ST-ZIP	ELMWOOD PARK NJ 07407			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLICK, MICHAEL B			NAME			
STREET ADDRESS	669 RIVER DRIVE CENTER 2			STREET ADDRESS			
CITY-ST-ZIP	ELMWOOD PARK NJ 07407			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERNSTING, KENNETH W			NAME			
STREET ADDRESS	1200 AMERICAN ROAD			STREET ADDRESS			
CITY-ST-ZIP	MORRIS PLAINS NJ 07950			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAILLA, FRANK J JR.			NAME			
STREET ADDRESS	669 RIVER DRIVE CENTER 2			STREET ADDRESS			
CITY-ST-ZIP	ELMWOOD PARK NJ 07407			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, MARC			NAME			
STREET ADDRESS	3001 N. ROKY POINT DR. EAST			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33607			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRIEGER, FRANKLYN			NAME	Krieger, Franklyn		
STREET ADDRESS	3001 N. ROKY POINT DR. EAST			STREET ADDRESS	3001 N. Rocky Point Dr. East		
CITY-ST-ZIP	TAMPA FL 33607			CITY-ST-ZIP	Tampa, FL 33607		

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: 4/18/01 (201) 703-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)