


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90015 012 ***150.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # F0000002860 | |  | |
| 1. Entity Name MEDICAL MANAGER PCN, INC. | | | |
| Principal Place of Business 3001 N ROCKY DRIVE E STE 400 TAMPA FL 33607 | | Mailing Address 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04037089



MOORE CR2E034 (11/03)

| | | | |
|---|--|--|--|
| 4. FEI Number 22-3719866 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAYMAN, KIRK G 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Charles A. Male 669 River Drive, Center 2 Elmwood Park, NJ 07407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD GLICK, MICHAEL B 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, Secretary Michael Glick 669 River Drive, Center 2 Elmwood Park, NJ 07407 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ERNSTING, KENNETH W 180 PASSAIC AVENUE FAIRFIELD NJ 07004 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Michael A. Singer 3001 N. Rocky Point Drive E. Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT FAILLA, FRANK J JR. 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Frank Failla 669 River Drive, Center 2 Elmwood Park, NJ 07407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HARRISON, MARC 3001 N. ROKY POINT DR. EAST TAMPA FL 33607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP - Asst. Sec. Marc Harrison 669 River Drive, Center 2 Elmwood Park, NJ 07407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SAYRE, TIM 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP - Treasurer Tim Sayre 669 River Drive, Center 2 Elmwood Park, NJ 07407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  **Marc Harrison** **April 15, 2004** **(201)703-3417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #