

2005 FOR PROFIT CORPORATION ANNUAL REPORT


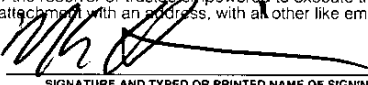
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Jul 15, 2005 8:00 am
Secretary of State

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07072005 Chg-P CR2E034 (10/03)

DOCUMENT # F00000002860					
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 2202 N. Westshore Blvd.		3. Mailing Address 669 River Drive, Center 2			
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o. legal Dept.			
City & State Tampa, FL		City & State Elmwood Park, NJ		4. FEI Number 22-3719866	
Zip 33607	Country US	Zip 07407	Country US	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			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALE, CHARLES A 669 RIVER DR., CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Mele 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	VPS GLICK, MICHAEL B 669 RIVER DRIVE CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Vuolo 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	D SINGER, MICHAEL A 3001 N ROCKY POINT DR. E TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Andrew Corbin 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	VP FAILLA, FRANK J JR. 669 RIVER DRIVE CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HARRISON, MARC 669 RIVER DR. CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SAYRE, TIM 669 RIVER DRIVE CENTER 2 ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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, VP		7/1/05 (801) 703-3400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	