
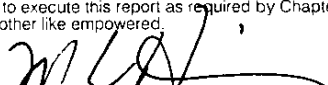


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90334 041 \*\*\*150.00

DOCUMENT # F0000002860					
1. Entity Name MEDICAL MANAGER PCN, INC.					
Principal Place of Business 2202 NORTH WESTSHORE BOULEVARD TAMPA, FL 33607 US			Mailing Address 669 RIVER DRIVE CENTER 2 C/O LEGAL DEPT ELMWOOD PARK, NJ 07407 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3719866	
Zip		Country		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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELE, CHARLES		NAME	MELE, CHARLES	
STREET ADDRESS	669 RIVER DR., CENTER 2		STREET ADDRESS	669 RIVER DRIVE, CTR 2	
CITY-ST-ZIP	ELMWOOD PARK, NJ 07407		CITY-ST-ZIP	ELMWOOD PARK, NJ 07407	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICK, MICHAEL B		NAME	GLICK, MICHAEL	
STREET ADDRESS	669 RIVER DRIVE CENTER 2		STREET ADDRESS	669 RIVER DRIVE, CTR 2	
CITY-ST-ZIP	ELMWOOD PARK, NJ 07407		CITY-ST-ZIP	ELMWOOD PARK, NJ 07407	
TITLE	D	<input type="checkbox"/> Delete	TITLE	CEO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, ANDREW		NAME	CORBIN, ANDREW	
STREET ADDRESS	669 RIVER DRIVE CENTER 2		STREET ADDRESS	2202 N. WESTSHORE BLVD.	
CITY-ST-ZIP	ELMWOOD PARK, NJ 07407		CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VP	<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	VAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MARC		NAME		
STREET ADDRESS	669 RIVER DR. CENTER 2		STREET ADDRESS		
CITY-ST-ZIP	ELMWOOD PARK, NJ 07407		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYRE, TIM		NAME		
STREET ADDRESS	669 RIVER DRIVE CENTER 2		STREET ADDRESS		
CITY-ST-ZIP	ELMWOOD PARK, NJ 07407		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 			4/12/06		(813) 703-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #