

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002860

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: MEDICAL MANAGER PCN, INC.

## Current Principal Place of Business:

2202 NORTH WESTSHORE BOULEVARD  
TAMPA, FL 33607 US

## New Principal Place of Business:

## Current Mailing Address:

669 RIVER DRIVE  
CENTER 2 C/O LEGAL DEPT  
ELMWOOD PARK, NJ 07407 US

## New Mailing Address:

56 TECHNOLOGY DRIVE  
IRVINE, CA 92618 US

FEI Number: 22-3719866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete  
Name: MELE, CHARLES  
Address: 669 RIVER DR., CENTER 2  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: DVPS ( ) Delete  
Name: GLICK, MICHAEL B  
Address: 669 RIVER DRIVE CENTER 2  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: CEOD ( ) Delete  
Name: CORBIN, ANDREW  
Address: 669 RIVER DRIVE CENTER 2  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: VP (X) Delete  
Name: FAILLA, FRANK J JR.  
Address: 669 RIVER DRIVE CENTER 2  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: VAS (X) Delete  
Name: HARRISON, MARC  
Address: 669 RIVER DR. CENTER 2  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: VPT (X) Delete  
Name: SAYRE, TIM  
Address: 669 RIVER DRIVE CENTER 2  
City-St-Zip: ELMWOOD PARK, NJ 07407

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/V (X) Change ( ) Addition  
Name: WALTERS, JEANNE  
Address: 2202 N. WEST SHORE BLVD., SUITE 300  
City-St-Zip: TAMPA, FL 33607

Title: D/P (X) Change ( ) Addition  
Name: CORBIN, ANDREW  
Address: 2202 N. WEST SHORE BLVD., SUITE 300  
City-St-Zip: TAMPA, FL 33607

Title: V/S (X) Change ( ) Addition  
Name: LIVENGOOD, JANET S  
Address: 2202 N. WEST SHORE BLVD., SUITE 300  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET S. LIVENGOOD

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01/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date