



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90046 013 ****50.00

DOCUMENT # M05000006750			
1. Entity Name MEDICAL MANAGER RESEARCH & DEVELOPMENT, LLC			
Principal Place of Business 15151 NW 99TH STREET ALACHUA, FL 32615		Mailing Address 15151 NW 99TH STREET ALACHUA, FL 32615	
2. Principal Place of Business 3202 N. WESTSHORE BLVD. Suite, Apt. #, etc. STE. 300 City & State TAMPA, FL Zip 33607 Country U.S.A.		3. Mailing Address 669 RIVER DRIVE Suite, Apt. #, etc. CENTER 2 City & State ELMWOOD PARK, NJ Zip 07407 Country U.S.A.	
		02102006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-3867857	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EMDEON PRACTIVE SERVICES, INC 2202 N. WEST SHORE BLVD. TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: MARC HARRISON 		4/10/06 (301) 703-3400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	