FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F16521** **(9)**

1. Corporation Name
MEDICAL MANAGER RESEARCH & DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
15151 NW 99TH ST ALACHUA FL 32615 US	15151 NW 99TH ST ALACHUA FL 32615 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 ____ Suite, Apt. #, etc.: 22 ____ City & State: 23 ____ Zip: 24 ____ Country: 25 ____

2a. Mailing Address: 26 ____ Suite, Apt. #, etc.: 27 ____ City & State: 28 ____ Zip: 29 ____ Country: 30 ____

3. Date Incorporated or Qualified: **01/28/1981**

4. FEI Number: **59-2064299** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KARL JR., FREDERICK B
15151 NW 99TH ST
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SINGER, MICHAEL A.		1.2 NAME		
STREET ADDRESS	15151 NW 99TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	VT	☐ Change ☒ Addition
NAME	BURNS, TERRY R		2.2 NAME	Lee A. Robbins	
STREET ADDRESS	15151 NW 99TH ST		2.3 STREET ADDRESS	3001 N Rocky Point Dr. E, #100	
CITY-ST-ZIP	ALACHUA FL		2.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VSD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	KARL JR., FREDERICK		3.2 NAME		
STREET ADDRESS	15151 NW 99TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KANG, JOHN		4.2 NAME		
STREET ADDRESS	3001 N. ROCKY POINT DRIVE E SUITE 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VS	☐ Change ☒ Addition
NAME			5.2 NAME	Franklyn M. Krieger	
STREET ADDRESS			5.3 STREET ADDRESS	3001 N Rocky Point Dr. E, #100	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.