2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
03-20-2000 90133 028 ***150.00

DOCUMENT # F16521

1. Entity 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 32615-5738 US

13442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: FRANKLYN M. KRIEGER
Street Address (P.O. Box Number is Not Acceptable): 3001 N ROCKY POINT DR. E. #400
City: TAMPA **FL** Zip Code: 33607

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.

SIGNATURE: Franklyn M. Krieger — FRANKLYN M. KRIEGER, VP/SECRETARY — 03-15-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SINGER, MICHAEL A 15151 NW 99th ST ALACHUA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 32615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ROBBNINS, LEE A 3001 N ROCKY POINT DR. E, #100 TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ROBBINS #400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KARL JR., FREDERICK 15151 NW 99th STREET ALACHUA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KANG, JOHN SUITE 100 3001 N. ROCKY POINT DRIVE E TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition #400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS KRIEGER, FRANKLYN M. 3001 N ROCKY POINT DR. E, #100 TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition #400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Franklyn M. Krieger — FRANKLYN M. KRIEGER 03/15/00 813/287-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #