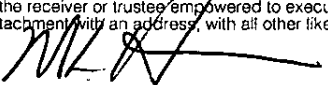


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90012 036 ***150.00

DOCUMENT # F16521 1. Entity Name MEDICAL MANAGER RESEARCH & DEVELOPMENT, INC.					
Principal Place of Business 15151 NW 99TH ST ALACHUA, FL 32615 US			Mailing Address 15151 NW 99TH ST ALACHUA, FL 32615 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2064299	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIOTT, LISA C 15151 NW 99TH ST. ALACHUA, FL 32601				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SINGER, MICHAEL A. 15151 NW 99TH ST ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. TIM SAYRE 669 RIVER DRIVE, CR. 2 ELMWOOD PARK, NJ 07407	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LIVINGSTON, MARK 3001 N ROCKY POINT DR. E. #400 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAX FAILLA, FRANK J JR 3001 N. ROCKY POINT DR., E. #400 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SEC. MICHAEL GUCK 669 RIVER DRIVE, CR. 2 ELMWOOD PARK, NJ 07407	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SESSIONS, JOHN P 3001 N. ROCKY POINT DR., E. #400 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. THOMAS STAMPICLIA 3001 N. ROCKY POINT DRIVE E. TAMPA, FL 33607	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HARRISON, MARC L 669 RIVER DR. ELMWOOD PARK, NJ 07407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12...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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Marc L. Harrison		7/12/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (201) 703-3400	

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