2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90344 015 ***150.00

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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 US

01272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2202 N. WEST SHORE BLVD.	2202 N. WEST SHORE BLVD.
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33607	Country U.S.A.
Zip 33607	Country U.S.A.

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	7. Name and Address of New Registered Agent
ELLIOTT, LISA C 15151 NW 99TH ST. ALACHUA, FL 32601	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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD SINGER, MICHAEL A. 15151 NW 99TH ST ALACHUA, FL 32615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES - DIRECTOR ANDREW CORBIN 669 RIVER DRIVE, CTR. 2 ELMWOOD PARK, NJ 07407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LIVINGSTON, MARK 3001 N ROCKY POINT DR. E. #400 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTAX FAILLA, FRANK J JR 3001 N. ROCKY POINT DR., E. #400 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAYRE, TIM 6699 RIVER DR CTR 2 ELMWOOD PARK, NJ 07407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS HARRISON, MARC L 669 RIVER DR ELMWOOD PARK, NJ 07407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GLICK, MICHAEL 669 RIVER DRIVE CTR 2 ELMWOOD PARK, NJ 07407	☐ 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: _____ 4/12/05 (201) 703-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #