2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002701

Entity Name: MED E-MANAGER FPS, INC.

FILED Apr 01, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
270 SPAGNOLI ROAD, STE 200 MELVILLE, NY 11747 US							
Current Mailing Address:				New Mailing Address:			
270 SPAGNOLI ROAD, STE 200 MELVILLE, NY 11747 US			26 CENTRAL AVENUE HAUPPAUGE, NY 11788 US				
FEI Number: (06-1581782	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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:							
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PSTD () E FETTEROLF, DA' 5 SMUGGLERS O HUNTINGTON, N	COVE PATH		Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	D () E FISHERMAN, JAS 144 COTTAGE S' BROOKLINE, MA	TREET		Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	D () E BILYEW, ANN 6 BOURNEDALE JAMAICA PLAIN,			Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	D () E SHEA, CHARLES 33 FRANKLIN RO HINGHAM, MA 0	GERS ROAD		Title: Name: Address: City-St-Zip:	D (X) C FERGUSON, LAR 6800 MEDINAH C CHARLOTTE, NC	OURT	
Title: Name: Address: City-St-Zip:	PRESENT, DOUG	ROAD, STE. 203		Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	KELLY, PATRICK 1091 PONTE VEI			Title: Name: Address: City-St-Zip:	()C	hange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FETTEROLF PSTD 04/01/2004

EUGENE HILL, DIRECTOR 60 STATE STREET SUITE 3650 BOSTON, MA 02109

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