

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90015 012 ***150.00

DOCUMENT # F00000002860

1. Entity Name

MEDICAL MANAGER PCN, INC.



Principal Place of Business

3001 N ROCKY DRIVE E
STE 400
TAMPA FL 33607

Mailing Address

669 RIVER DRIVE CENTER 2
ELMWOOD PARK NJ 07407

04037069



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3719866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAYMAN, KIRK G	
STREET ADDRESS	669 RIVER DRIVE CENTER 2	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GLICK, MICHAEL B	
STREET ADDRESS	669 RIVER DRIVE CENTER 2	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ERNSTING, KENNETH W	
STREET ADDRESS	180 PASSAIC AVENUE	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FAILLA, FRANK J JR.	
STREET ADDRESS	669 RIVER DRIVE CENTER 2	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRISON, MARC	
STREET ADDRESS	3001 N. ROKY POINT DR. EAST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAYRE, TIM	
STREET ADDRESS	669 RIVER DRIVE CENTER 2	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles A. Male	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	VP, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Glick	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Singer	
STREET ADDRESS	3001 N. Rocky Point Drive E.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Failla	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	VP & Asst. Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Harrison	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	VP & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Sayre	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	

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:

[Signature]

Marc Harrison

April 15, 2004

(201)703-3417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #