

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 15, 2005 8:00 am
Secretary of State

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07072005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business 2202 N. Westshore Blvd. Suite, Apt. #, etc.		3. Mailing Address 669 River Drive, Center 2 Suite, Apt. #, etc. clp. legal Dept.			
City & State Tampa, FL		City & State Elmwood Park, NJ		4. FEI Number 22-3719866	
Zip 33607	Country US	Zip 07407	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MALE, CHARLES A <input type="checkbox"/> Delete 669 RIVER DR., CENTER 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Charles Male 669 River Drive, Center 2 Elmwood Park, NJ 07407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete GLICK, MICHAEL B 669 RIVER DRIVE CENTER 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anthony Vuolo 669 River Drive, Center 2 Elmwood Park, NJ 07407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SINGER, MICHAEL A 3001 N ROCKY POINT DR. E TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andrew Corbin 669 River Drive, Center 2 Elmwood Park, NJ 07407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FAILLA, FRANK J JR. 669 RIVER DRIVE CENTER 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Delete HARRISON, MARC 669 RIVER DR. CENTER 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input type="checkbox"/> Delete SAYRE, TIM 669 RIVER DRIVE CENTER 2 ELMWOOD PARK, NJ 07407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Marc Harrison, VP Date 7/1/05 Daytime Phone # (813) 703-3400		