

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90334 041 ***150.00

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1. Entity Name
MEDICAL MANAGER PCN, INC.



400300

Principal Place of Business
2202 NORTH WESTSHORE BOULEVARD
TAMPA, FL 33607 US

Mailing Address
669 RIVER DRIVE
CENTER 2 C/O LEGAL DEPT
ELMWOOD PARK, NJ 07407 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

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, 2006 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 D ☐ Delete
NAME MELE, CHARLES
STREET ADDRESS 669 RIVER DR., CENTER 2
CITY-ST-ZIP ELMWOOD PARK, NJ 07407

TITLE D, VP, S ☒ Change ☐ Addition
NAME MELE, CHARLES
STREET ADDRESS 669 RIVER DRIVE, CTR. 2
CITY-ST-ZIP ELMWOOD PARK, NJ 07407

TITLE VPS ☐ Delete
NAME GLICK, MICHAEL B
STREET ADDRESS 669 RIVER DRIVE CENTER 2
CITY-ST-ZIP ELMWOOD PARK, NJ 07407

TITLE D, VP, S ☒ Change ☐ Addition
NAME GLICK, MICHAEL
STREET ADDRESS 669 RIVER DRIVE, CTR. 2
CITY-ST-ZIP ELMWOOD PARK, NJ 07407

TITLE D ☐ Delete
NAME CORBIN, ANDREW
STREET ADDRESS 669 RIVER DRIVE CENTER 2
CITY-ST-ZIP ELMWOOD PARK, NJ 07407

TITLE CEO, D ☒ Change ☐ Addition
NAME CORBIN, ANDREW
STREET ADDRESS 2202 N. WESTSHORE BLVD.
CITY-ST-ZIP TAMPA, FL 33607

TITLE VP ☐ Delete
NAME FAILLA, FRANK J JR.
STREET ADDRESS 669 RIVER DRIVE CENTER 2
CITY-ST-ZIP ELMWOOD PARK, NJ 07407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME HARRISON, MARC
STREET ADDRESS 669 RIVER DR. CENTER 2
CITY-ST-ZIP ELMWOOD PARK, NJ 07407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME SAYRE, TIM
STREET ADDRESS 669 RIVER DRIVE CENTER 2
CITY-ST-ZIP ELMWOOD PARK, NJ 07407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 HARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

(201) 703-3400

Daytime Phone #