FILED

Aug 15, 2003 8:00 am Secretary of State

08-15-2003 90083 036 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F0000002860 DOCUMENT #

1. Entity Name

MEDICAL MANAGER PCN, INC.

Principal Place of Business 669 RIVER DRIVE CENTER 2

Mailing Address

669 RIVER DRIVE CENTER 2

ELMWOOD PA	4RK NJ 07407		ELMWOUD PARK NJ U/4U/								
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2. Principal P		-	3. Mailing Address				i sharing sitt harte A	Gitt matti Ağlıt mattı f)	B1141 8811 1881	
		Point Drive E.	669 River Drive								
Suite, Apt.	•		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Suite			Center 2								
City & State			City & State			4	4. FEI Number 22-3	719866	Ap	plied For	
Tampa, FL			Elminood Park, NJ					1 10000	No	t Applicable	
Zip 33407	Country Zip			Country US A		,	5. Certificate of Status I	Desired 🔲	\$8.75 Add		
6. Name and Address of Current F							7. Name and Address of New Registered Agent				
At usund and vocades of Anneur Dalistone Main						Name - Name and Address of New Registered Agent					
C T CORDODATION EVETEN											
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)						
1200 SOL	SLAND ROAD										
PLANTATI	24]				
					City				Zip Cod	e	
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.											
CICNATUDE	•		•								
SIGNATURE .	Signature, typed of	or printed name of registered agent	and title if applicable.	(NOTE: Re	gistered Agent signat	ture required who	en reinstating)	- DA	TE .		
F	LE NOW!!!	! FEE IS \$550.00	7	<u>-</u> -							
4 After September 10, 2003 Fee will be \$750,00							9. Election Cam			O May Be	
	Florida Department of			Trust Fund Co	ontribution.	☐ Added	I to Fees				
10.	 	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGES	S TO OFFICERS	AND DIRECTORS	3 IN 11	
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NAME	GLICK, MI				NAME						
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NAME	ERNSTING	KENNETH W			NAME] ^	• .		ت حجاتس	-	
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CITY-ST-ZIP	MORRIS P	LAINS NJ 07950			CITY-ST-ZIP	Fairs	eld, NJ 0700	4		ļ	
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NAME		RANK J JR.		D-01010	NAME	Tim 5	ance		☐ Ottorings	Z_BAGUIDUI	
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CITY-ST-ZIP		PARK NJ 07407			CITY-ST-ZIP	61000	and Back, NJ 07	1407			
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NAME	HARRISON			į.	NAME		A. Duttus	_ 3		}	
STREET ADDRESS	TAMPA FL	OKY POINT DR. EAST			STREET ADDRESS		ver Drive, Cente				
CITY-ST-ZIP	IAMPA FL	33001			CITY-\$T-ZIP	E puni	oud Park, NT o	7407			
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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:

REQUIRED Harrison SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(201) 703 - 3400

Daytime Phone #