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FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F16521** (9)  
1. Corporation Name  
**MEDICAL MANAGER RESEARCH & DEVELOPMENT, INC.**



Principal Place of Business

Mailing Address

15151 NW 99TH ST  
ALACHUA FL 32615  
US

15151 NW 99TH ST  
ALACHUA FL 32615  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1981

4. FEI Number

59-2064299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARL JR., FREDERICK B  
15151 NW 99TH ST  
ALACHUA FL 32615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SINGER, MICHAEL A.  
STREET ADDRESS 15151 NW 99TH ST  
CITY-ST-ZIP ALACHUA FL ☐ DELETE

TITLE T  
NAME BURNS, TERRY R  
STREET ADDRESS 15151 NW 99TH ST  
CITY-ST-ZIP ALACHUA FL ☒ DELETE

TITLE VSD  
NAME KARL JR., FREDERICK  
STREET ADDRESS 15151 NW 99TH STREET  
CITY-ST-ZIP ALACHUA FL ☐ DELETE

TITLE D  
NAME KANG, JOHN  
STREET ADDRESS 3001 N. ROCKY POINT DRIVE E SUITE 100  
CITY-ST-ZIP TAMPA FL 33607 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VT ☐ Change ☒ Addition  
2.2 NAME Lee A. Robbins  
2.3 STREET ADDRESS 3001 N Rocky Point Dr. E, #100  
2.4 CITY-ST-ZIP Tampa, FL 33607

3.1 TITLE VD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE VS ☐ Change ☒ Addition  
5.2 NAME Franklyn M. Krieger  
5.3 STREET ADDRESS 3001 N Rocky Point Dr. E, #100  
5.4 CITY-ST-ZIP Tampa, FL 33607

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)