

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90010 028 ***150.00

DOCUMENT # F16521

1. Entity Name
MEDICAL MANAGER RESEARCH & DEVELOPMENT, INC.

Principal Place of Business

15151 NW 99TH ST
ALACHUA FL 32615
US

Mailing Address

15151 NW 99TH ST
ALACHUA FL 32615
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2064299

Applied For
 Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRIEGER, FRANKLYN M
3001 N ROCKY POINT DR. E.
SUITE 400
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name **Lisa C. Elliott**
 Street Address (P.O. Box Number is Not Acceptable) **15151 NW 99th Street**
 City **Alachua** FL Zip Code **32601**

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.

SIGNATURE *Lisa C. Elliott* **Lisa C. Elliott** **4/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
 NAME **SINGER, MICHAEL A.**
 STREET ADDRESS **15151 NW 99TH ST**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **VT** ☐ Delete
 NAME **LIVINGSTON, MARK**
 STREET ADDRESS **3001 N ROCKY POINT DR. E. #400**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VTAX** ☐ Delete
 NAME **FAILLA, FRANK J JR**
 STREET ADDRESS **3001 N. ROCKY POINT DR., E. #400**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VS** ☒ Delete
 NAME **KRIEGER, FRANKLYN M.**
 STREET ADDRESS **3001 N. ROCKY POINT DR., E. #400**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VA** ☐ Delete
 NAME **HARRISON, MARC L**
 STREET ADDRESS **3001 N. ROCKY POINT DR., E. #400**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **V ASSISTANT S**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PD JOHN P. SESSIONS**
 STREET ADDRESS **3001 N. ROCKY POINT DR. EAST #400**
 CITY-ST-ZIP **TAMPA, FL 33607**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **386 462-2148**
Date Daytime Phone #

CR2E034 (9/01)