


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90012 036 ***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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2064299	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ELLIOTT, LISA C 15151 NW 99TH ST. ALACHUA, FL 32601				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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 CEOD SINGER, MICHAEL A. <input type="checkbox"/> Delete STREET ADDRESS 15151 NW 99TH ST CITY-ST-ZIP ALACHUA, FL 32615			TITLE NAME TREAS. TIM SAYRE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 669 RIVER DRIVE, CR. 2 CITY-ST-ZIP ELMWOOD PARK, NJ 07407		
TITLE NAME VT LIVINGSTON, MARK <input type="checkbox"/> Delete STREET ADDRESS 3001 N ROCKY POINT DR. E. #400 CITY-ST-ZIP TAMPA, FL 33607			TITLE NAME VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME VTAX FAILLA, FRANK J JR <input type="checkbox"/> Delete STREET ADDRESS 3001 N. ROCKY POINT DR., E. #400 CITY-ST-ZIP TAMPA, FL 33607			TITLE NAME VP, SEC. MICHAEL GUCK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 669 RIVER DRIVE, CR. 2 CITY-ST-ZIP ELMWOOD PARK, NJ 07407		
TITLE NAME PD SESSIONS, JOHN P <input checked="" type="checkbox"/> Delete STREET ADDRESS 3001 N. ROCKY POINT DR., E. #400 CITY-ST-ZIP TAMPA, FL 33607			TITLE NAME PRES. THOMAS STAMPICLIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 3001 N. ROCKY POINT DRIVE E. CITY-ST-ZIP TAMPA, FL 33607		
TITLE NAME VAS HARRISON, MARC L <input type="checkbox"/> Delete STREET ADDRESS 669 RIVER DR. CITY-ST-ZIP ELMWOOD PARK, NJ 07407			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Marc L. Harrison 7/12/04 (201) 703-3400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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