

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90344 015 \*\*\*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

**50038636**

2. Principal Place of Business  
**2202 N. WEST SHORE BLVD.**

3. Mailing Address  
**2202 N. WEST SHORE BLVD.**

Suite, Apt. #, etc.  
**SUITE 300**

Suite, Apt. #, etc.  
**SUITE 300**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33607**

Country  
**U.S.A.**

Zip  
**33607**

Country  
**U.S.A.**

01272005 Chg-P CR2E034 (10/03)

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

**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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**SAYRE, TIM**  
**6699 RIVER DR CTR 2**  
**ELMWOOD PARK, NJ 07407** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**GLICK, MICHAEL**  
**669 RIVER DRIVE CTR 2**  
**ELMWOOD PARK, NJ 07407** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES - DIRECTOR**  
**ANDREW CORBIN**  
**669 RIVER DRIVE, CTR. 2**  
**ELMWOOD PARK, NJ 07407** ☐ Change ☒ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/05**

Date

**(201) 703-3400**

Daytime Phone #