

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90050 035 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F97000000797**

1. Entity Name  
**MEDICAL MANAGER HEALTH SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**3001 N. ROCKY POINT DR. SUITE 100 15151 N.W. 99 STREET**  
**TAMPA FL 33607 ALACHUA FL 32615**

2. Principal Place of Business 3. Mailing Address  
**3001 N. ROCKY POINT DR 669 RIVER DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**100 CENTER 2**  
City & State City & State  
**TAMPA FL ELMWOOD PARK NJ**  
Zip Zip Country Country  
**33607 USA 07407 USA**

4. FEI Number **59-3396629** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**C T CORPORATION SYSTEM** Name **SAME AS LISTED**  
**1200 SOUTH PINE ISLAND ROAD** Street Address (P.O. Box Number is Not Acceptable)  
**PLANTATION FL 33324** City **FL** Zip Code  
City 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]** (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. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, MICHAEL A		NAME		
STREET ADDRESS	3001 N. ROCKY POINT DR, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEILLA, FRANK J JR.		NAME		
STREET ADDRESS	669 RIVER DRIVE, CENTER 2		STREET ADDRESS		
CITY-ST-ZIP	ELMWOOD PARK NJ 07407		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	MIKE GLICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIEGER, FRANKLYN M		NAME	SECRETARY - VP	
STREET ADDRESS	3001 N ROCKY PT DR E ST 400		STREET ADDRESS	669 RIVER DR CENTER 2	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	ELMWOOD PARK, NJ 07407	
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, MARK		NAME		
STREET ADDRESS	3001 N. ROCKY POINT DR, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELE, CHARLES A		NAME		
STREET ADDRESS	669 RIVER DRIVE, CENTER 2		STREET ADDRESS		
CITY-ST-ZIP	ELMWOOD PARK NJ 07407		CITY-ST-ZIP		
TITLE	PCOO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSIONS, JOHN P		NAME		
STREET ADDRESS	3001 N. ROCKY POINT DR, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		

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, and an officer like empowered.

SIGNATURE: **[Signature]** **SIGNATURE REQUIRED** 9.12.02 813049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)