

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 **07407** **USA** **USA**

4. FEI Number Applied For
59-3396629 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **SAME AS LISTED**
 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 W/A 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 \$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	
TITLE	CEO <input type="checkbox"/> Delete
NAME	SINGER, MICHAEL A
STREET ADDRESS	3001 N. ROCKY POINT DR, SUITE 100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	V <input type="checkbox"/> Delete
NAME	FEILLA, FRANK J JR.
STREET ADDRESS	669 RIVER DRIVE, CENTER 2
CITY-ST-ZIP	ELMWOOD PARK NJ 07407
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	KRIEGER, FRANKLYN M
STREET ADDRESS	3001 N ROCKY PT DR E ST 400
CITY-ST-ZIP	TAMPA FL 33607
TITLE	VT <input type="checkbox"/> Delete
NAME	LIVINGSTON, MARK
STREET ADDRESS	3001 N. ROCKY POINT DR, SUITE 100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	MELE, CHARLES A
STREET ADDRESS	669 RIVER DRIVE, CENTER 2
CITY-ST-ZIP	ELMWOOD PARK NJ 07407
TITLE	PCOO <input type="checkbox"/> Delete
NAME	SESSIONS, JOHN P
STREET ADDRESS	3001 N. ROCKY POINT DR, SUITE 100
CITY-ST-ZIP	TAMPA FL 33607

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE GLICK
STREET ADDRESS	SECRETARY - VP
CITY-ST-ZIP	669 RIVER DR CENTER 2 ELMWOOD PARK, NJ 07407
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 DATE: **9.12.02** DAYTIME PHONE #: **813 249 4602**

CR2E034 (4/02)