

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90015 011 \*\*\*150.00

**DOCUMENT # F97000000797**

1. Entity Name

WEBMD PRACTICE SERVICES, INC.



Principal Place of Business

3001 N. ROCKY POINT DR, SUITE 100  
TAMPA FL 33607

Mailing Address

669 RIVER DR  
CENTER 2  
ELMWOOD PARK NJ 07407

**54037090**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO ☐ Delete  
NAME SINGER, MICHAEL A  
STREET ADDRESS 3001 N. ROCKY POINT DR, SUITE 100  
CITY-ST-ZIP TAMPA FL 33607

TITLE V ☐ Delete  
NAME FAILLA, FRANK J JR  
STREET ADDRESS 669 RIVER DRIVE, CENTER 2  
CITY-ST-ZIP ELMWOOD PARK NJ 07407

TITLE VPS ☐ Delete  
NAME GLICK, MIKE  
STREET ADDRESS 669 RIVER DR CENTER 2  
CITY-ST-ZIP ELMWOOD PARK NJ 07407

TITLE VT ☐ Delete  
NAME LIVINGSTON, MARK  
STREET ADDRESS 3001 N. ROCKY POINT DR, SUITE 100  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ Delete  
NAME MELE, CHARLES A  
STREET ADDRESS 669 RIVER DRIVE, CENTER 2  
CITY-ST-ZIP ELMWOOD PARK NJ 07407

TITLE VPAS ☐ Delete  
NAME HARRISON, MARC L  
STREET ADDRESS 669 RIVER DRIVE CENTER 2  
CITY-ST-ZIP ELMWOOD PARK NJ 07407

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director, CEO ☒ Change ☐ Addition  
NAME Michael A. Singer  
STREET ADDRESS 3001 N. Rocky Point Drive E.  
CITY-ST-ZIP Tampa, FL 33607

TITLE Director ☐ Change ☒ Addition  
NAME Anthony Vuolo  
STREET ADDRESS 669 River Drive, Center 2  
CITY-ST-ZIP Elmwood Park, NJ 07407

TITLE President ☐ Change ☒ Addition  
NAME Thomas Stimpiglia  
STREET ADDRESS 3001 N. Rocky Point Drive E.  
CITY-ST-ZIP Tampa, FL 33607

TITLE VP ☒ Change ☐ Addition  
NAME Mark Livingston  
STREET ADDRESS 3001 N. Rocky Point Drive E.  
CITY-ST-ZIP Tampa, FL 33607

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

TITLE ☐ Change ☐ Addition  
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 Harrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marc Harrison*

*April 15, 2004*

Date

*(201) 703-3400*

Daytime Phone #