

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90075 007 ***150.00

DOCUMENT # F98000006638

1. Entity Name

NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.

Principal Place of Business

Mailing Address

26 HARBOUR PARK DRIVE
 PORT WASHINGTON NY 11050

26 HARBOUR PARK DRIVE
 PORT WASHINGTON NY 11050-4602

2. Principal Place of Business

26 Harbor Park Drive

3. Mailing Address

26 Harbor Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Washington NY

City & State

Port Washington NY

4. FEI Number

11-2581812

Applied For

Not Applicable

Zip

Country

11050

Zip

Country

11050

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODSKY, BERT E 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV PORTNEY, LINDA 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP of Operations <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVC SHAPIRO, GERALD 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENARO, BARRY 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV CASALE, MARY T 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP of Sales + Marketing <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGOWITZ, GERALD T 1301 AVENUE OF THE AMERICAS NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

Bernard Brodsky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2000

Date

Daytime Phone #

CR2E034 (9/99)

F98000006038

619144

National Medical Health Card Systems, Inc.

Additions to Officers/Directors

President & COO	Marjorie G. O'Malley	<u>26 Harbor Park Drive, Port Washington, NY 11050</u>
Vice President of Clinical Services	John Ciufu	<u>26 Harbor Park Drive, Port Washington, NY 11050</u>
Director	Kenneth J. Daly	<u>26 Harbor Park Drive, Port Washington, NY 11050</u>
Director	Richard J. Strauss, M.D., F.A.C.S.	<u>26 Harbor Park Drive, Port Washington, NY 11050</u>