

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90018 019 \*\*\*150.00

0576273 AT

**DOCUMENT # F98000006638**

1. Entity Name

**NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.**

Principal Place of Business

**26 HARBOR PARK DRIVE  
 PORT WASHINGTON NY 11050**

Mailing Address

**26 HARBOR PARK DRIVE  
 PORT WASHINGTON NY 11050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**11-2581812**

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

**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]*

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, 2002 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO  
 BRODSKY, BERT E  
 26 HARBOR PARK DRIVE  
 PORT WASHINGTON NY 11050** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EVO  
 PORTNEY, LUNDA  
 26 HARBOR PARK DRIVE  
 PORT WASHINGTON NY 11050** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCS  
 SHAPIRO, GERALD  
 26 HARBOR PARK DRIVE  
 PORT WASHINGTON NY 11050** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TCFO  
 DENARO, BARRY  
 26 HARBOR PARK DRIVE  
 PORT WASHINGTON NY 11050** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EVSM  
 CASALE, MARY T  
 26 HARBOR PARK DRIVE  
 PORT WASHINGTON NY 11050** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 ANGOWITZ, GERALD T  
 1301 AVENUE OF THE AMERICAS  
 NEW YORK NY 10019** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/02 516-626-0007**

Date

Daytime Phone #

CR2E034 (9/01)

**NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.**

**As of 9/30/01**

*Attachmark*

<u>Name</u>	<u>Title</u>	<u>Address</u>
Bert E. Brodsky	COB, CEO	26 Harbor Park Drive Port Washington, NY 11530
Gerald Shapiro	Vice COB, Secretary	26 Harbor Park Drive Port Washington, NY 11530
James Bigl	President	26 Harbor Park Drive Port Washington, NY 11530
Tery Baskin	Chief Operating Officer	26 Harbor Park Drive Port Washington, NY 11530
David Gershen	CFO, Treasurer	26 Harbor Park Drive Port Washington, NY 11530
Kenneth J. Daley	Director	6 Glen Avenue Glen Head, NY 11545
Paul J. Konigsberg	Director	440 Park Avenue, 10 <sup>th</sup> Fl New York, NY 10016
Gerald Angowitz	Director	37 Fieldstone Lane Oyster Bay, NY 11771
Ronald L. Fish	Director	107 Law Road Briarcliff Manor, NY 10510