

2002 UNIFORM BUSINESS REPORT (UBR)

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

0576273 AT

04-01-2002 90018 019 ***150.00

DOCUMENT # F98000006638

1. Entity Name
NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.

Principal Place of Business Mailing Address
26 HARBOR PARK DRIVE **26 HARBOR PARK DRIVE**
PORT WASHINGTON NY 11050 **PORT WASHINGTON NY 11050**



DO NOT WRITE IN THIS SPACE

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 Applied For
11-2581812 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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: _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRODSKY, BERT E 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVO PORTNEY, LUNDA 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS SHAPIRO, GERALD 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO DENARO, BARRY 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSM CASALE, MARY T 26 HARBOR PARK DRIVE PORT WASHINGTON NY 11050 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGOWITZ, GERALD T 1301 AVENUE OF THE AMERICAS NEW YORK NY 10019 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Daniel J. ...* 3/7/02 516-626-0007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.

As of 9/30/01

Attachment

<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 th 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

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