

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90014 042 \*\*\*150.00

DOCUMENT # P36079

1. Entity Name

ERISCO MANAGED CARE TECHNOLOGIES, INC.

Principal Place of Business

1085 MORRIS AVE  
UNION NJ 07083

Mailing Address

200 NYALA FARMS ROAD  
WESTPORT CT 06880  
US

744459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

567 San Nicolas Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 360

City & State

City & State

Newport Beach, CA

4. FEI Number

13-2888027

Applied For

Not Applicable

Zip

Country

92660

Country

USA

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

CT CORPORATION SYSTEM  
1200 S. 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.

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	BELLOMO, ANTHONY	
STREET ADDRESS	1085 MORRIS AVE	
CITY-ST-ZIP	UNION NJ 07083	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete
NAME	POSUSZNY, JOSEPH	
STREET ADDRESS	1085 MORRIS AVENUE	
CITY-ST-ZIP	UNION NJ 07083	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, MATTHEW	
STREET ADDRESS	200 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINKELSTEIN, JARED	
STREET ADDRESS	200 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, DAVID	
STREET ADDRESS	200 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bellomo, Anthony	
STREET ADDRESS	1085 Morris Avenue	
CITY-ST-ZIP	Union, NJ 07083	
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey H. Margolis	
STREET ADDRESS	567 San Nicolas Drive #360	
CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	S/D/ CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Sunderland	
STREET ADDRESS	567 San Nicolas Drive #360	
CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Brian Karr	
STREET ADDRESS	567 San Nicolas Drive #360	
CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine A. Miller	
STREET ADDRESS	567 San Nicolas Drive #360	
CITY-ST-ZIP	Newport Beach, CA 92660	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Brian Karr

4/12/01

Date

444-719-2200

Daytime Phone #

CR2E034 (10/00)