

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90146 013 ***150.00

DOCUMENT # P99000110914

1. Entity Name

MDNX ACQUISITION CORP.

Principal Place of Business

Mailing Address

**ONE S.E. THIRD AVE., 28TH FLOOR
 FL 33131**

**ONE S.E. THIRD AVE., 28TH FLOOR
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address **MDNX Acquisition Corp.**
c/o Medical Manager Corp.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

669 River Drive Center 2

City & State

City & State
Elmwood Park, NJ

Zip

Country

Zip
07407

Country
USA

Corp.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0978080

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

**AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. THIRD AVE., 28TH FLOOR
 MIAMI FL 33131**

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

TITLE **Chairman/CEO** ☐ Delete
 NAME **John H. Kang /c/o Medical Mgr Health Systems**
 STREET ADDRESS **3001 North Rocky Point Drive, East**
 CITY-ST-ZIP **Suite 400 Tampa, FL 33607**

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

TITLE **Sr. Vice President** ☐ Delete
 NAME **David J. Schlanger**
 STREET ADDRESS **c/o Medical Manager Corp.**
 CITY-ST-ZIP **669 River Drive Center 2 Elmwood Park, NJ 07407**

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

TITLE **Vice President/Secretary** ☐ Delete
 NAME **Michael B. Glick**
 STREET ADDRESS **c/o Medical Manager Corp.**
 CITY-ST-ZIP **669 River Drive Center 2 Elmwood Park, NJ 07407**

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

TITLE **Vice President - Tax** ☐ Delete
 NAME **Frank J. Failla, Jr.**
 STREET ADDRESS **669 River Drive Center 2**
 CITY-ST-ZIP **Elmwood Park, NJ 07407**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Frank J. Failla, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. Failla, Jr.

5/1/00

201-703-3400

Date

Daytime Phone #