

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052070

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** PIC HEALTHCARE CONSULTING, INC.

**Current Principal Place of Business:**

2808 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

2808 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 20-2714602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: PICCIANO, JOHN  
Address: 2808 BUTLER BAY DRIVE NORTH  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PICCIANO

P

03/20/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date