

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001999 (0)

1. Corporation Name

HEALTHCARE AUTOMATION, INC.



Principal Place of Business

Mailing Address

167 POINT ST
SUITE 3A
PROVIDENCE RI 02903

167 POINT ST
SUITE 3A
PROVIDENCE RI 02903

3. Date Incorporated or Qualified 04/13/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number 05-0466247
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is authorized agent and street address

(If Not Registered Agent Signature is not acceptable)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME PEREIRA, KENNETH J
STREET ADDRESS 21 MOLLIE DR
CITY - ST - ZIP CRANSTON RI 02921

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE VCV ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME PEREIRA, DIANNA L
STREET ADDRESS 21 MOLLIE DR
CITY - ST - ZIP CRANSTON RI 02921

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing and is an address with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

KJP Pereira 8-2-96 401-272-6880
President

CR2E034 (3/96)