


FILED
May 02, 2006 8:00 am
Secretary of State

DOCUMENT # P05000051879			
1. Entity Name PATIENTRAK, INC.			
Principal Place of Business 5030 CHAMPION BOULEVARD SUITE G6-150 BOCA RATON, FL 33496		Mailing Address 5030 CHAMPION BOULEVARD SUITE G6-150 BOCA RATON, FL 33496	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	WOLFF, MICHAEL		
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE G6-150		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	CEOD	<input type="checkbox"/> Delete	
NAME	HUNTER, ROBBIN		
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE G6-150		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WOLFF, STEVE		
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE G6-150		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11.			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			