FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000020045 (7)**

1. Corporation Name

PHYSICIANS HEALTH INFORMATION CONSULTANTS, INC.

Principal Place of Business

2445 TAMPA ROAD
SUITE B
PALM HARBOR FL 34683

Mailing Address

2445 TAMPA ROAD
SUITE B
PALM HARBOR FL 34683

2. Principal Place of Business

21 Suite Apt. #, etc.
22 City & State
23 Zip
24 25 County

2a. Mailing Address

26 Suite Apt. #, etc.
27 City & State
28 Zip
29 30 County

3. Date Incorporated or Qualified: **03/13/1995**

3a. Date of Last Report

4. FEI Number: **59-3301422** — Applied For / Not Applicable

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

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

8. The corporation is liable for intangible tax under s. 199.032, Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT ST.
SUITE 102
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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 Section 607.0505 and/or 607.1505, Florida Statutes, the undersigned corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are identical to those in Block 9 of the current annual report filed with this statement. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	OHLEYER, HENRY A
STREET ADDRESS	2445 TAMPA RD., STE. B
CITY, ST, ZIP	PALM HARBOR FL 34683
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

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

CR2E034 (12/95)

14. I hereby 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 in Block 12 or Block 13 of this report or in any attachment hereto and is identified as an officer or director.

SIGNATURE: ✓ — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/25/96 ✓ 787/065
Date / Fee