2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# P95000020045

Entity Name: PHYSICIANS HEALTH INFORMATION CONSULTANTS, INC.

Current Principal Place of Business:

2445 TAMPA ROAD
SUITE B
PALM HARBOR, FL 34683

New Principal Place of Business:

1820 BEE POND RD
PALM HARBOR, FL 34683

Current Mailing Address:

2445 TAMPA ROAD
SUITE B
PALM HARBOR, FL 34683

New Mailing Address:

1820 BEE POND RD
PALM HARBOR, FL 34683

FEI Number: 59-3301422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT ST.
SUITE 102
CLEARWATER, FL 34616 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: D ( ) Delete
Name: OHLEYER, HENRY A
Address: 2445 TAMPA RD., STE. B
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OHLEYER, HENRY A
Address: 1820 BEE POND RD
City-St-Zip: PALM HARBOR, FL 34683

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: HENRY A. OHLEYER PRES 04/06/2006

Electronic Signature of Signing Officer or Director — Date