2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007
Secretary of State

DOCUMENT# P95000020045

Entity Name: PHYSICIANS HEALTH INFORMATION CONSULTANTS, INC.

Current Principal Place of Business:

1820 BEE POND RD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1820 BEE POND RD
PALM HARBOR, FL 34683

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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 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 OHLEYER D 05/25/2007

Electronic Signature of Signing Officer or Director Date