

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028839

FILED  
Jul 11, 2006  
Secretary of State

**Entity Name:** HEALTHPRO MANAGEMENT AND AUTOMATION SYSTEMS, INC.

**Current Principal Place of Business:**

32 E. MAGNOLIA AVE  
SUITE 1  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

902 KENTUCKY BLVD  
EUSTIS, FL 32726 US

**Current Mailing Address:**

32 E. MAGNOLIA AVE, STE. 1  
EUSTIS, FL 32726 US

**New Mailing Address:**

2222 SEDWICK RD  
DURHAM, NC 27713 US

**FEI Number:** 59-3370454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PD ( ) Delete  
Name: LINDBERG, GREG E  
Address: 2222 SEDWICK RD  
City-St-Zip: DURHAM, NC 27713

Title: AS ( ) Delete  
Name: WOFFORD, WILLIAM N  
Address: 3110 EDWARDS MILL RD, STE 100  
City-St-Zip: RALEIGH, NC 27612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GREG E. LINDBERG

PD

07/11/2006

Electronic Signature of Signing Officer or Director

Date