

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000053198

**FILED**  
**Nov 06, 2006**  
**Secretary of State**

**Entity Name:** PHYSICIAN HEALTHCARE AUTOMATION TECHNOLOGY, INC.

**Current Principal Place of Business:**

P O BOX 1454  
PONTE VEDRA BEACH, FL 320041454

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1454  
PONTE VEDRA BEACH, FL 320041454

**New Mailing Address:**

**FEI Number:** 59-3583814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MC MENAMY, WILLIAM B  
50 N LAURA ST, SUITE 2925  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BIANCHI, PATRICK D  
Address: 165 BARTRAM PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: BIANCHI, SUSAN A  
Address: 165 BARTRAM PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

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

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

Title: S,T (X) Change ( ) Addition  
Name: BIANCHI, SUSAN A  
Address: 165 BARTRAM PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

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: PATRICK D. BIANCHI

PD

11/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date