

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053198

FILED
Apr 27, 2007
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:

13241 BARTRAM PARKE BLVD
SUITE 413
JACKSONVILLE, FL 32258

Current Mailing Address:

P O BOX 1454
PONTE VEDRA BEACH, FL 320041454

New Mailing Address:

13241 BARTRAM PARKE BLVD
SUITE 413
JACKSONVILLE, FL 32258

FEI Number: 59-3583814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMENAMY, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BIANCHI, PATRICK D
Address: 13241 BARTRAM PARKE BLVD 413
City-St-Zip: JACKSONVILLE, FL 32258

Title: S,T (X) Change () Addition
Name: BIANCHI, SUSAN A
Address: 13241 BARTRAM PARK BLVD 409
City-St-Zip: JACKSONVILLE, FL 32258

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: PATRICK D BIANCHI

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date