

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053198

FILED  
Apr 30, 2011  
Secretary of State

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

**Current Principal Place of Business:**

13241 BARTRAM PARKE BLVD  
SUITE 413  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

537 REDBERRY LANE  
ST JOHNS, FL 32259

**Current Mailing Address:**

13241 BARTRAM PARKE BLVD  
SUITE 413  
JACKSONVILLE, FL 32258

**New Mailing Address:**

537 REDBERRY LANE  
ST JOHNS, FL 32259

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BIANCHI, PATRICK D  
Address: 537 REDBERRY LANE  
City-St-Zip: ST JOHNS, FL 32259

Title: S,T  
Name: BIANCHI, SUSAN A  
Address: 537 REDBERRY LN  
City-St-Zip: ST JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: PATRICK D BIANCHI

PD

04/30/2011

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

\_\_\_\_\_  
Date