

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H33251

**FILED  
Jun 30, 2004  
Secretary of State**

**Entity Name:** RICHARD BLANCHAR, M.D., P.A.

**Current Principal Place of Business:**

4401 W TRADEWINDS AVE  
THIRD FLOOR  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4401 W TRADEWINDS AVE  
THIRD FLOOR  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 65-0115432      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHANTZ, HALE  
1565 NORTH PARK DRIVE  
STE 100  
WESTON, FL 33326 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: PS ( ) Delete  
Name: BLANCHAR, RICHARD,  
Address: 4401 WEST TRADEWINDS AVENUE THIRD FLOOR  
City-St-Zip: LAUDERDALE BTS, FL

**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 for the exemption stated in Section 119.07(3)(i), 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: RICHARD BLANCHAR M.D.

PS

06/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date