2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11823

FILED Jan 15, 2009 Secretary of State

Entity Name: PROFESSIONAL ASSOCIATION OF HEALTH CARE OFFICE MANAGEMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

11977 CONWAY ST. 525 JASON DRIVE SPRING HILL, FL 34609 LADY LAKE, FL 32159

Current Mailing Address: New Mailing Address:

 11977 CONWAY ST.
 525 JASON DRIVE

 SPRING HILL, FL 34609
 LADY LAKE, FL 32159

FEI Number: 59-2869551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BLANCHETTE, RICHARD
11977 CONWAY ST.
SPRING HILL, FL 34609 US
BLANCHETTE, RICHARD
525 JASON DRIVE
LADY LAKE, FL 32159 US

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: 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSTD () Delete Title: BLANCHETTE, RICHARD, A. Name: BLANCHETTE, RICHARD, A. Name: 11977 CONWAY ST. 525 JASON DRIVE Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: LADY LAKE, FL 32159

Title: V () Delete Title: () Change () Addition

 Name:
 BLANCHETTE, CAROL S,
 Name:

 Address:
 11977 CONWAY ST.
 Address:

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:

Title: () Delete Title: D () Change (X) Addition Name: BLANCHETTE, RICHARD A JR.
Address: Address: 11977 CONWAY STREET
City-St-Zip: SPRING HILL, FL 34609

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: RICHARD A. BLANCHETTE P 01/15/2009