

K11823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Proposed

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Association of Health Care Office Manag
Name of Corporation

DOCUMENT NUMBER: K11823

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Blanchette

Name of Contact Person

Professional Association of Health Care Office Manageme

Firm/Company

8722 SE 176th Lowndes Place

Address

The Villages, FL 323162

City/State and Zip Code

richardb@pahcom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Blanchette

Name of Contact Person

at (352) 428-0317
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Professional Association of Health Care Office Management

2. The principal office address: 8722 SE 176th Lowndes Place, The Villages, FL 32162

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/11/1988 Document number: K11823

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If-resigned, enter resigned)

Richard Blanchette

525 Jason Drive, Lady Lake, FL 32159

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard Blanchette

8722 SE 176th Lowndes Place, The Villages, FL 32162

P.O. Box NOT acceptable

8722 SE 176th Lowndes Place, The Villages, FL 32162

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Richard Blanchette
Signature of an officer or director

Richard Blanchette
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Richard Blanchette
Signature of Registered Agent

July 26, 2010
Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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