2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# K11823

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

Current Principal Place of Business:

8722 SE 176 LOWNDES PLACE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

8722 SE 176 LOWNDES PLACE
THE VILLAGES, FL 32162

New Mailing Address:

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

Name and Address of Current Registered Agent:

BLANCHETTE, RICHARD
8722 SE 176 LOWNDES PLACE
THE VILLAGES, FL 32162 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: PSTD
Name: BLANCHETTE, RICHARD A.
Address: 8722 SE 176TH LOWNDES PLACE
City-St-Zip: THE VILLAGES, FL 32162

Title: V
Name: BLANCHETTE, CAROL S
Address: 8722 SE 176TH LOWNDES PLACE
City-St-Zip: THE VILLAGES, FL 32162

Title: D
Name: BLANCHETTE, RICHARD A JR.
Address: 525 JASON DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: D
Name: BLANCHETTE, KAREN L
Address: 1187 JESSICA COURT
City-St-Zip: DUNEDIN, FL 34698

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: RICHARD BLANCHETTE P 01/04/2012

Electronic Signature of Signing Officer or Director — Date