2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

NAME

HIF

PARKE

STREET AODRESS

STREET ADDRESS

CHY-ST-ZE

Feb 10, 2003 8:00 am Secretary of State K11823 **DOCUMENT #** 02-10-2003 90182 032 ***150 00 1. Entity Name PROFESSIONAL ASSOCIATION OF HEALTH CARE OFFICE M ANAGEMENT, INC. Principal Place of Business Mailing Address 10377 MCARTHUR LANE 10377 MCARTHUR LANE PENSACOLA FL 32534-8353 PENSACOLA FL 32534-8353 3. Mailing Address 2. Principal Place of Business 11977 CONWAY ST 11977 CONWAY ST. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2869551 City & State Not Applicabl SPRING HILL, EL HILL, SPRING \$8.75 Additional Country 5. Certificate of Status Desired Fee Required HERNANDO HERNANDO 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANCHETTE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 11977 CONWAY ST. SPRING HILL FL 34609 Zip Code City 8. 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. I am familiar with, and accept 1/14/03 SIGNATURE (FIOTE: Registered Agust signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PSTD RICHARDABLANCHETTE Change 11977 CONWAY ST-SPRING HILL, FL 34609 Delete HILE TITLE HAME BLANCHETTE, RICHARD A. HAME STREET ADDRESS 10377 MCARTHUR LANE STREET ADDRESS CHY-SI-ZIP PENSACOLA FL CITY-ST-ZIP BLANCHETTE CAROLS. Change TITLE Delete THLE NAME 11977 CONWAY ST. **BLANCHETTE, CAROL S** HAMS STREET ADDRESS 10377 MC ARTHUR LANE STREET ADDRESS SPRING-HILL, FL 34609 CITY-ST-ZIP - . PENSACOLA FL -CITY-ST-ZIP Addition Addition THE Delete THEF DAME HALM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change HILE Delete THE HAME BARSE STREET AUDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-769 Change Additi TITLE Delete TITLE DAME

12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; that I am an efficer 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowared.

**The control of the corporation of the receiver or trustee empowared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowared.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BILL

HALAF

☐ Delete

1/14103 352-666-8070

Additi

[T] Change

FILED

8005219

2/7/03 Attention Charlet of Dept of Dent your charleto Dept of Revenue by mirtake. you got their Charle (# 1728).

Here is your original check.

Richard Blanchetto

.

. -.