


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000032054 1. Entity Name PATRICIA J. BLANCO, M.D., P.A.	
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Principal Place of Business 8451 SHADE AVE SUITE 207 SARASOTA, FL 34243	Mailing Address 8451 SHADE AVE SUITE 207 SARASOTA, FL 34243
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02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1089911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOLFE, RANDOLPH J 100 N TAMPA ST, STE 2700 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, PATRICIA J M.D. 8451 SHADE AVE., STE. 207 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, DENNIS H 8451 SHADE AVE., STE. 207 SARASOTA, FL 34243
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia J. Blanco M.D. 2/4/05 941-360-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #