

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000064128

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** DR. KENNETH BLAZE P.A. AND ASSOCIATES

**Current Principal Place of Business:**

1 S.W. 129TH AVE., STE 109  
PEMBROKE, FL 330271716

**New Principal Place of Business:**

**Current Mailing Address:**

7800 W OAKLAND PARK BLVD  
E 214  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 20-0046242      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DI CAPUA, JOSEPH  
7800 WEST OAKLAND PARK BLVD.  
E 214  
SUNRISE, FL 33351 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: DR  
Name: BLAZE, KENNETH  
Address: 10773 DENVER DR  
City-St-Zip: COOPER CITY, FL 33026

Title: DR  
Name: GONZALEZ, MANUEL  
Address: 7800 W OAKLAND PARK BLVD E 214  
City-St-Zip: SUNRISE, FL 33351

Title: DR  
Name: SMETS, MICHAEL  
Address: 7800 W OAKLAND PARK BLVD. E 214  
City-St-Zip: SUNRISE, FL 33351 US

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: MANUEL GONZALEZ

DR

02/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date