2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

DOCUMENT# P94000037502

Entity Name: ROBERT N. BLANCHARD, M.D., P.A.

Current Principal Place of Business:

% FT WALTON BEACH MEDICAL CTR/ PATHOLOGY
1000 MARWALT DR
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

% FT WALTON BEACH MEDICAL CTR/ PATHOLOGY
1000 MARWALT DR
FT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3241009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANCHARD, ROBERT M.D.
% FT WALTON BEACH MEDICAL CTR/ PATHOLOGY
1000 MARWALT DR
FT WALTON BEACH, FL 32547 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: BLANCHARD, ROBERT N MD
Address: % 1000 MAR WALT DR
City-St-Zip: FT WALTON BEACH, FL 32547

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: ROBERT N. BLANCHARD M.D. DR. 03/04/2011

Electronic Signature of Signing Officer or Director — Date