## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083551

Entity Name: ELYSSA BLISSENBACH, M.D., P.A.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2717 RIVERSIDE AVE

JACKSONVILLE, FL 32205 US

Current Mailing Address: New Mailing Address:

2717 RIVERSIDE AVE

JACKSONVILLE, FL 32205 US

FEI Number: 59-3534479 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ELYSSA BLISSENBACH, MD., P.A. 2717 RIVERSIDE AVENUE

2717 RIVERSIDE AVENUE JACKSONVILLE, FL 32205 US

BLISSENBACH, ELYSSA A

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32205 US

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: ELYSSA BLISSENBACH 01/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BLISSENBACH, ELYSSA M.D. BLISSENBACH, ELYSSA M.D. Name: Name: 1820 BARRS STREET SUITE 330 Address: 2717 RIVERSIDE AVE Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELYSSA BLISSENBACH OWNE 01/14/2008