

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K11823

**Entity Name:** PROFESSIONAL ASSOCIATION OF HEALTH CARE OFFICE  
MANAGEMENT, INC.**Current Principal Place of Business:**8722 SE 176 LOWNDES PLACE  
THE VILLAGES, FL 32162**Current Mailing Address:**8722 SE 176 LOWNDES PLACE  
THE VILLAGES, FL 32162 US**FEI Number: 59-2869551****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLANCHETTE, RICHARD  
8722 SE 176 LOWNDES PLACE  
THE VILLAGES, FL 32162 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | V                         | Title           | PSTD                      |
| Name            | BLANCHETTE, CAROL S       | Name            | BLANCHETTE, RICHARD A.    |
| Address         | 8722 SE 176 LOWNDES PLACE | Address         | 8722 SE 176 LOWNDES PLACE |
| City-State-Zip: | THE VILLAGES FL 32162     | City-State-Zip: | THE VILLAGES FL 32162     |

*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: RICHARD BLANCHETTE****PRESIDENT****01/28/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date