

2014 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

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	PSTD	Title	V
Name	BLANCHETTE, RICHARD A.	Name	BLANCHETTE, CAROL S
Address	8722 SE 176TH LOWNDES PLACE	Address	8722 SE 176TH 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

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date