

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002822

FILED
Jan 21, 2005
Secretary of State

Entity Name: PATHWAY BEHAVIORAL HEALTH SERVICES INC.

Current Principal Place of Business:

2230 NW 152ND TERR
OPA LOCKA, FL 330542726

New Principal Place of Business:

Current Mailing Address:

2230 NW 152ND TERR
OPA LOCKA, FL 330542726

New Mailing Address:

FEI Number: 65-0753401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REESE, SONYA
2230 NW 152ND TERRACE
MIAMI GARDENS, FL 330561906 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: CHMN () Delete
Name: ROLLE, MILTON E REV
Address: 17515 NW 24TH AVE
City-St-Zip: MIAMI, FL 33056

Title: VC () Delete
Name: SAWYER, SHERIA
Address: 1900 SAN SOYCI BLVD. #316
City-St-Zip: N.MIAMI, FL 33181

Title: T () Delete
Name: MILLER, ROSA W
Address: 15941 NW 18TH PLACE
City-St-Zip: OPA LOCKA, FL 33050

Title: S () Delete
Name: WALKER, RAYMOND
Address: 12830 NW 5TH CT.
City-St-Zip: N MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONYA REESE

PRES

01/21/2005

Electronic Signature of Signing Officer or Director

Date