

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L43183** (7)

1. Corporation Name  
**PATHCO II, INC.**



Principal Place of Business: **8100 CHANCELLOR DR. SUITE 100 ORLANDO FL 32809**  
Mailing Address: **8100 CHANCELLOR DR. SUITE 100 ORLANDO FL 32809**

3. Date Incorporated or Qualified: **01/18/1990**  
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2993943**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIMS, WILLIAM L., JR.  
320 N. MAGNOLIA AVE.  
SUITE A-9  
ORLANDO FL 32801**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: **P**  DELETE  
NAME: **BODIFORD, HOMER A., MD**  
STREET ADDRESS: **315 N. TUBB STREET**  
CITY-ST-ZIP: **OAKLAND FL**  
TITLE: **S**  DELETE  
NAME: **MCDADE, EDWARD D., MD**  
STREET ADDRESS: **7805 SARANAC CT**  
CITY-ST-ZIP: **ORLANDO FL**  
TITLE: **T**  DELETE  
NAME: **LEVIN, ALAN M.D.**  
STREET ADDRESS: **21 ISLAND ROAD**  
CITY-ST-ZIP: **STUART FL**  
TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE  Change  Addition  
2. 2 NAME  
3. 3 STREET ADDRESS  
4. 4 CITY-ST-ZIP  
5. 5 TITLE  Change  Addition  
6. 6 NAME  
7. 7 STREET ADDRESS  
8. 8 CITY-ST-ZIP  
9. 9 TITLE  Change  Addition  
10. 10 NAME  
11. 11 STREET ADDRESS  
12. 12 CITY-ST-ZIP  
13. 13 TITLE  Change  Addition  
14. 14 NAME  
15. 15 STREET ADDRESS  
16. 16 CITY-ST-ZIP  
17. 17 TITLE  Change  Addition  
18. 18 NAME  
19. 19 STREET ADDRESS  
20. 20 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (12/95)