2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N02000000277

Entity Name: PATHWAYS TO CARE, INC.

Current Principal Place of Business:

430 PLUMOSA AVE.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

430 PLUMOSA AVE.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 41-2025064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, ARNE J
1819 N. SEMORAN BLVD
ORLANDO, FL 32807 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: PD ( ) Delete
Name: WARTSKI, DONNA
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete
Name: BLUETT, JOHN J
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: VD ( ) Delete
Name: BARRETT, JOHN
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete
Name: ASTA, RICHARD
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: BORKHOLDER, KATHI
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: EXO ( ) Delete
Name: MACKEN, PAUL
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARRETT, JOHN
Address: 11301 CORPORATE BLVD #300
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change ( ) Addition
Name: BLUETT, JOHN J
Address: 575 TUSKAWILLA ROAD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD (X) Change ( ) Addition
Name: BOWERS, ROX ANNE
Address: 4466 JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32804

Title: TD (X) Change ( ) Addition
Name: ASTA, RICHARD
Address: 2200 LUCIEN WAY #350
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: BORKHOLDER, KATHI
Address: 6649 WESTWOOD BLVD, SUITE 500
City-St-Zip: ORLANDO, FL 32821

Title: EXO (X) Change ( ) Addition
Name: MACKEN, PAUL
Address: 860 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNE J. NELSON RA 01/23/2009

Electronic Signature of Signing Officer or Director — Date