

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000007284

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: PATHWAY TO HEALTH, INC.

## Current Principal Place of Business:

150 WEST MICHIGAN STREET  
SUITE D  
ORLANDO, FL 32806 US

## New Principal Place of Business:

440 ORIENTA POINT STREET  
ALTAMONTE SPRINGS, FL 32701 US

## Current Mailing Address:

150 WEST MICHIGAN STREET  
SUITE D  
ORLANDO, FL 32806 US

## New Mailing Address:

440 ORIENTA POINT STREET  
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 26-0632176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

KNIGHT, CREIGHTON W  
150 WEST MICHIGAN STREET  
SUITE D  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

KNIGHT, CREIGHTON W  
440 ORIENTA POINT ST.  
ALTAMONTE SPRINGS, FL 32701 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: CREIGHTON W. KNIGHT

03/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KNIGHT, CREIGHTON W  
Address: 440 ORIENTA POINT STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VP ( ) Delete  
Name: KNIGHT, LINDA L  
Address: 440 ORIENTA POINT STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: SEC ( ) Delete  
Name: KNIGHT, LINDA L  
Address: 440 ORIENTA POINT STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

## 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:

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: CREIGHTON W. KNIGHT

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date