2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N11882 1. Entity Name



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91070 046 ****61.25

	PAHKWAY PHUFESSIONAL	ASSOCIATION, INC.	N. P. C.			
Principal Place of Business 901 CENTRAL PKWY STUART FL 34994 US		Mailing Address PO BOX 6195 STUART FL 34997 US		11004675		
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- c	HECK HERE IF MAKING CHA	NGES
City & State		City & State		4. FEI Number 65-0085431 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Sta		75 Additional Required
	6. Name and Address of Current			7 Name and Addr	ess of New Registered Agent	
	o. Name and Address of Current	negiatered Agent	Name	7. Name and Addit	ess of New Registered Agent	<u></u>
BODBIO	AND COMME					_
ROBINSOND, CONNIE J 1988 SE MONROE ST		Street Address		(P.O. Box Number is Not Acceptable)		
STUART	FL 34997					
			City		FL Z	ip Code
8 The above	e named entity submits this statement fo	r the nurnose of changing its re	enistered office or regis	tered agent or both in th	ne State of Florida II am familia	r with, and accept
	itions of registered agent.	the purpose of changing its it	egistered office of regis	tored agent, or both, in th	ic state of Florida. Familiaring	i with, and accept
	• -					
SIGNATURE	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) *	DATE	
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	CÜ E NOW CEE 10 ACT OF					
	FÎLE NOW; FEE IS \$61.25	Trust Fund Co	oaign Financing Intribution.	\$5.00 May Be Added to Fees	Make Check Pay Florida Departmer	
		Trust Fund Co	ntribution.	Added to Fees	Florida Departmer	t of State
10.	OFFICERS AND DIS	Trust Fund Co	ntribution.	Added to Fees ADDITIONS/CHANGE	Florida Departmen	ORS IN 10
10. TITLE	OFFICERS AND DIE	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANGE	Florida Departmen	t of State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary port 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/17/03