

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002729

1. Entity Name

PATHFINDER HEALTH, INC.

Principal Place of Business

Mailing Address

2180 PARK AVE. N., STE. 318A  
WINTER PARK FL 32789

2180 PARK AVE. N., STE. 318A  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

125 Spring Cove TRAIL  
Suite, Apt. #, etc.

125 Spring Cove TRAIL  
Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs, FL.

Altamonte Springs, FL.

Zip

Country

Zip

Country

32714

Seminole

32714

Seminole

4. FEI Number

59-3615077

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIHAKIS, GEORGE II  
2180 PARK AVE. N., STE. 318A  
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

*George Phakis II*, PRESIDENT

GEORGE PHAKIS II

1-08-01

Signature type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PIHAKIS, GEORGE II  
2180 PARK AVE. N., STE. 318A  
WINTER PARK FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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13. 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 supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*George Phakis II*, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE PHAKIS II

Date

(407) 774-1551

Daytime Phone #

00003948



DO NOT WRITE IN THIS SPACE

0057171

CR2E034 (10/00)