

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069451

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PATHWAYS TO HEALTH INC.

**Current Principal Place of Business:**

PATHWAYS TO HEALTH  
28960 US HIGHWAY 19 N, SUITE 112  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

PATHWAYS TO HEALTH  
28960 US HIGHWAY 19 N, SUITE 112  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 02-0694087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOBRON, BARBARA A  
147 BLUFF VIEW DRIVE  
#103  
BELLEAIR BLUFFS, FL 33770 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  
Name: DOBRON, BARBARA A  
Address: 147 BLUFF VIEW DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

Title: V  
Name: HANKINSON, BURL E  
Address: 1215 E CYPRESS ST.  
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA DOBRON

PD

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date