

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000112645

1. Entity Name  
CAREPATH CORPORATION



FILED

05 FEB 24 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02232005 Chg-P CR2E034 (10/03) *MRS*

Principal Place of Business  
13499 BISCAYNE BOULEVARD  
SUITE 203  
MIAMI, FL 33181

Mailing Address  
13499 BISCAYNE BOULEVARD  
SUITE 203  
MIAMI, FL 33181

2. Principal Place of Business  
6010 SW 93 CT

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State

4. FEI Number  
68-0594863

Applied For  
Not Applicable

Zip  
33173

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGANTE, SONIA  
13499 BISCAYNE BOULEVARD  
SUITE 203  
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name  
Sonia Ochotorena

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

6010 SW 93 CT.

City  
Miami

FL

Zip Code  
33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sonia Ochotorena*

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

(NOTE: Registered Agent signature required when retesting)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME INFANTE, SONIA  
STREET ADDRESS 13499 BISCAYNE BOULEVARD, SUITE 203  
CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☒ Addition  
NAME Sonia Ochotorena  
STREET ADDRESS 6010 SW 93 CT  
CITY-ST-ZIP Miami, Florida 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300047929893  
03/08/05--01025--002 \*\*150.00

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

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

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

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sonia Ochotorena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #