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FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000017660 (0)

1. Corporation Name  
REPATH E & S OF FLORIDA, INC.



Principal Place of Business

7777 GLADES RD.  
SUITE 202  
BOCA RATON FL 33434-4195  
US

Mailing Address

4301 HILLSBORO RD.  
SUITE 314  
NASHVILLE TN 37215-3300  
US

2. Principal Place of Business

21 7777 Glades Rd.

Suite, Apt. #, etc.

22 Suite 204

City & State

23 Boca Raton FL

Zip

24 33434

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

04/25/1996

4. FEI Number

65-0390670

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REPATH, ELISE SCURA  
7777 GLADES ROAD, SUITE 202  
BOCA RATON FL 33434-4195

10. Name and Address of New Registered Agent

81 Name

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

83 7777 Glades Road, Suite 204

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME REPATH, ELISE SCURA  
STREET ADDRESS 7777 GLADES RD., SUITE 202  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE DV  
NAME REPATH, DEREK  
STREET ADDRESS 7777 GLADES RD., SUITE 202  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE S  
NAME MOSS, JANIE S.  
STREET ADDRESS 4301 HILLSBORO RD., SUITE 314  
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 7777 Glades Rd, Suite 204  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 7777 Glades Rd, Suite 204  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janie S. Moss

Date 4/17/97 Daytime Phone # 615-297-1739

CR2E034 (9/96)