FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000017660 (0) DOCUMENT #

REPATH E & S OF FLORIDA, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					A ARDEIDRE AND HAIRD ANNI DONE BOLLE DRIVE	8 8	TIATO GRATO FOR I
4 POR GLADEGE PO 2101 Consorate Blud	4301 HILLSBORO RD.						
******* OLADEO RD. 2101 Corporate Blud, 4301 HILLSBORD RD. SUITE 316 NW SUITE 314							
BOCA RATON FL 48484- 3343/ NASHVILLE TN 37215					DO NOT WRITE IN THIS SPACE		
us	US				3. Date Incorporated or Qualified 03/03/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26	26			65-0390670			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 27					C. Commodic of closes Dosines	Fee	Required
City & State				6. Election Campaign Financing \$5.00 May Be			
	[28]			Trust Fund Contribution			
Zip Country	Zip T	Country			8. This corporation owes or has paid the current year Intangible		
24 25 29 29 29 Name and Address of Current Reg	<u> </u>	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	istered Agent		B1 1	Name	10. Hame and Address of New Heyn	Maior Hageir	·
REPATH, ELISE SCURA			THAT IS				
7777 GLADES RD SUITE 204 BOCA RATON FL 33434-4195			82 3	Street Addres	eet Address (P.O. Box Number is Not Acceptable)		
			B3				
		-					
			B4 (City		FL 85 Zi	Code
11. Pursuant to the provisions of Sections 607.0502 and	607 1508 Florida Statut	es the ab	ove-n	amed corpo	ration submits this statement for the pure	nose of changing	its registered
office or registered agent, or both, in the State of Flo	rida. Such chan ge w as a	authorized	by th	ne corporatio	n's board of directors. I hereby accept t	he appointment a	s registered
agent. I am lamiliar with, and accept the obligations	of, Section 607.0505, Fig	orida Stati	nes.				
SIGNATURE Stonature, typed or period name of registered agent and to	te if not keable (NO)	Registered	Agent s	s gnature required	when reinstating)	DATE	
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	ORS IN 12
TITLE DP	DP DELETE 1.1					Change	Addition
			ME		_		
			EET ADI	DRESS 210	1 corporate Blid, NW,	Suite 31	ا ط
CITY-ST-ZIP BOCA RATON FL	ZIP BOCA RATON FL 1.4C			ZIP 33	431		
TITLE DV	DELETE	ETE 2.1 TITLE			-	⊠ Change	Addition
NAME REPATH, DEREK				ĺ			
			2.3 STREET ADDRESS 2(C		Corporate Blid, NW	, Suite 3	316
CITY-ST-ZIP BOCA RATON FL		2. 4 CI	Y-ST-		431		
TITLE 8			LE			☐ Change	Addition
NAME MOSS, JANIE S.					·		
CHIEFT I DOUGGO			3.3 STREET ADDRESS				
CITY-ST-ZIP NASHVILLE TN			Y-\$T-	ZIP			
THTLE	☐ DELETE	4.1 1(1				☐ Change	Addition
NAME		4. 2 NA					
STREET ADDRESS			REET AD	i			
CITY-\$T-ZIP			Y - ST - Z	ZIP			1 4436-
TITLE	☐ DELETE 5.1 TI					Change	Addition
NAME		5.2 NA					
STREET ADDRESS			REE1 AD	- 1			
CITY-ST-ZIP	Dri Pr		Y - \$1 - Z	ZIP		☐ Chang	Addition
TITLE	DELETE 6.1			1	•	L., Unang	e 🔲 Addition
NAME		6.2 NA					
STREET ADDRESS			REET AD				
CITY+ST-ZIP			Y-ST-2		ection 119.07(3)(i), Florida Statutes, I ful		

Thereby comy that the information supplied with this little does not quality for the exemption stated in Section 119.0 (19)th, Florida Statutes. Turner certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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.

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