FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:33

DOCUMENT # P94000015979 (5)

1. Corporation Name

PATHNET, INC.

Principal Place of Business	Mailing Address
505 SOUTH FLAGLER DRIVE STE. 1330 WEST PALM BEACH FL 33401	505 SOUTH FLAGLER DRIVE STE. 1330 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 300 Butler Street
22: Suite, Apt. #, etc.
23: City & State: West Palm Beach, FL
24: Zip: 33407
25: Country:

2a. Mailing Address
26: 300 Butler Street
27: Suite, Apt. #, etc.
28: City & State: West Palm Beach, FL
29: Zip: 33407
30: Country:

4. FEI Number: 65-0474927 ☐ 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

BOWERS, DAVID E
505 SOUTH FLAGLER DRIVE
STE. 1330
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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: David E Bowers (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 1-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	BOWERS, DAVID E	12 NAME	
STREET ADDRESS	505 SOUTH FLAGLER DRIVE STE. 1330	13 STREET ADDRESS	Delete
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	
TITLE		21 TITLE	P/D ☐ Change ☒ Addition
NAME		22 NAME	C. Adrian Carr, M.D.
STREET ADDRESS		23 STREET ADDRESS	8750 S. Ocean Dr., #37
CITY-ST-ZIP		24 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE		31 TITLE	S/D ☐ Change ☒ Addition
NAME		32 NAME	Margaret S. Skinner, M.D.
STREET ADDRESS		33 STREET ADDRESS	33 Grand Bay
CITY-ST-ZIP		34 CITY-ST-ZIP	Juno Beach, FL 33408
TITLE		41 TITLE	T/D ☐ Change ☒ Addition
NAME		42 NAME	Michael J. Imber, M.D., Ph.D.
STREET ADDRESS		43 STREET ADDRESS	2814 Banyon Blvd Cir Nw
CITY-ST-ZIP		44 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0242306 CP

(1)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 7, 1995

PATHNET, INC.
300 BUTLER STREET
WEST PALM BEACH, FL 33407

SUBJECT: PATHNET, INC.
Ref. Number: P94000015979

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not a valid FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Kathy Hyman
ANNUAL_REPORT Section

Letter number: 395A00005211