

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000015979 (5)**

1. Corporation Name
PATHNET, INC.



Principal Place of Business

**300 BUTLER STREET
WEST PALM BEACH FL 33407
US**

Mailing Address

**300 BUTLER STREET
WEST PALM BEACH FL 33407
US**

3. Date Incorporated or Qualified
03/01/1994

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

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

10. Name and Address of New Registered Agent

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

81 Name **Chamberlain, Randall L.**

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

83

84 City **West Palm Beach**

FL

85 Zip Code
33407

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]

Randall L. Chamberlain, Administrator

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD CARR, C. ADRIAN M.D.**
STREET ADDRESS **8750 S. OCEAN DR. #37**
CITY-ST-ZIP **JENSEN BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **SD SKINNER, MARGARET S. M.**
STREET ADDRESS **33 GRAND BAY**
CITY-ST-ZIP **JUNO BEACH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SD Garen, Paul D.**
2.3 STREET ADDRESS **15770 N. 81st Terrace**
2.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ DELETE
NAME **TD IMBER, MICHAEL J. MD P**
STREET ADDRESS **2814 BANYON BLVD CIR NW**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Adrian Carr, M.D. 2/9/96 407-659-0770

Date

Daytime Phone #

CR2E034 (12/95)