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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P 96000092479-1/1

Corporation Name
PATHWAYS FOR HEALTH, P.A.

[redacted]

DO NOT WRITE IN THIS SP

Principal Place of Business	Mailing Address
11149 N.W. 39 ST #104 SUNRISE, FL. 33351 USA	11149 N.W. 39 ST. #104 SUNRISE, FL. 33351 USA

3. Date Incorporated or Qualified: 11/12/96

4. FEI Number: 650724759

5. Certificate of Status Desired ☐

6. Election Campaign Financing Trust Fund Contribution ☐

8. This corporation owes or has paid the curren Personal Property Tax due June 30. ☐

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
22 Suite, Apt. #, etc. SAME	27 Suite, Apt. #, etc. SAME
23 City & State SAME	28 City & State SAME
24 Zip SAME 25 Country SAME	29 Zip SAME 30 Country SAME

9. Name and Address of Current Registered Agent

THOMAS GILFILLAN, LCSW
11149 N.W. 39 ST.
#104
SUNRISE, FL. 33351

10. Name and Address of New Registered Ag

81 Name N/A
82 Street Address (P.O. Box Number is Not Acceptable) N/A
83 N/A
84 City N/A FL

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 ch 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE THOMAS GILFILLAN, PRES. 5/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE	PST	☐ DELETE	1.1 TITLE	☐
NAME	THOMAS GILFILLAN		1.2 NAME	
STREET ADDRESS	11149 N.W. 39 ST. #104		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33351		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐
NAME			4.2 NAME	300002552503
STREET ADDRESS			4.3 STREET ADDRESS	-05/09/98--01037--014
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***150.00
TITLE		☐ DELETE	5.1 TITLE	☐
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

N/A

14. 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 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 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 n Block 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE THOMAS GILFILLAN, PRESIDENT (954)389-3374