PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000092479

1. Corporation Name

PATHWAYS FOR HEALTH, P.A.

Principal	Place	of Busine	88
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Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90050 041 ***150.00



Principal Place	e of Business	Mailing Address				i				
11149 NW 39TH SUNRISE FL 33		11149 NW 39TH ST STE 1 SUNRISE FL 33351	04							
						DO NO	OT WRITE IN THE	S SPACE		
	•					Date Incorporated or C	Qualifed			İ
						11/12/1996			•	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Appl	ied For
 -		26				65-0724759			Not /	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.7		ditional
	#, etc.	27	2	·	والمناه استسا	_	sired ~- □-		e Requ	
22 Cit. 8 Stat		City & State				a Floation Compaign Fin		\$5	00 м	- Da
City & State	е .	⊢ ′				 Election Campaign Fin Trust Fund Contribution 	-		ded to	
23		28	Con	untry					200 10	
Zip	Country	Zip		uriuy		8. This corporation owes		ntangible ☐ Yes	>	No
24	25	29	30	1		Personal Property Tax			$-\gamma$	110
	9. Name and Address of Current	Registered Agent		104	Name	10. Name and Address o	T New Registered	Agent	•	
A11 F	H 1 AN THIONAN 11 CH			81	Name		-			1
	ILLAN, THOMAS LLSW			82	Street Addi	fress (P.O. Box Number is Not	Acceptable)			•
	9 NW 39TH ST STE 104									
SUN	RISE FL 33351			83						
								Tabl	7:- 0-	
				84	City		F	85	Zip Co	we
44 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statut	es the a	bove	-named com	poration submits this statement	t for the purpose of	of changin	g its re	gistered
office or r	registered agent, or both, in the State of	if Florida. Such change was a	uthonzed	a by i	the comoration	ion's board of directors. I hereb	by accept the appropriate	ointment a	īs regi:	stered
					uie corporati					l l
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	orida Stat	tutes.						
agent I a SIGNATURE	·	ons of, Section 607.0505, Flo	onda Stat	tutes.	•	ed when re-installing)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent	ons of, Section 607.0505, Flo	enda Stat	tutes.	•	ed when reinstating) ADDITIONS/CHANGES		ND DIRE	CTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered agent	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	E: Registered	d Agen	•	ed when reinstating) ADDITIONS/CHANGES		ND DIRE		S IN 12
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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 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 of 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 with all other like empowered.