

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90249 034 ***150.00

DOCUMENT # P96000092479

1. Entity Name
PATHWAYS FOR HEALTH, P.A.



Principal Place of Business

11149 NW 39TH ST STE 104
SUNRISE FL 33351

Mailing Address

11149 NW 39TH ST STE 104
SUNRISE FL 33351

2. Principal Place of Business

61 SW 94th Terrace
Suite, Apt. #, etc.

3. Mailing Address

61 SW 94th Terrace
Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

65-0724759

Applied For

Not Applicable

Zip

Country

33324-2429

Barbados

Zip

Country

33324-2429

Barbados

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILFILLAN, THOMAS LLSW

11149 NW 39TH ST STE 104

SUNRISE FL 33351

Name

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

61 SW 94th Terrace

City

Plantation

FL

Zip Code

33324-2429

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME GILFILLAN, THOMAS A
STREET ADDRESS 11149 NW 39TH ST STE 104
CITY-ST-ZIP SUNRISE FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 61 SW 94th Terrace
CITY-ST-ZIP Plantation, FL 33324-2429

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Gilfillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Gilfillan

Date

1/23/03

Daytime Phone #

954-389-3374

CR2E034 (10/02)