

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90021 011 ***150.00

DOCUMENT # P97000012302
 1. Entity Name
OUR PATH, INC.

Principal Place of Business 1515 S FEDERAL HWY SUITE 306 BOCA RATON FL 33432	Mailing Address 1515 S FEDERAL HWY SUITE 306 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 160 W. CAMINO REAL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 306	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip	Country
33432		33432	USA

4. FEI Number 65-0727605	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIX, ROBERT D JR.
 1515 S FEDERAL HWY
 SUITE 306
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)	338 S.W. 16TH ST	
City	BOCA RATON	FL
Zip Code	33432	

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.

SIGNATURE: **ROBERT D. WILLIX JR. M.D.**
Signature, typed or printed name of registered agent and title if applicable. (NOT a registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	WILLIX, ROBERT D JR.
STREET ADDRESS	1515 S FEDERAL HWY SUITE #306
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIX, ROBERT D. JR.
STREET ADDRESS	338 S.W. 16TH ST
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other line embossed.

SIGNATURE: **ROBERT D. WILLIX JR M.D.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **561362-0724** Daytime Phone #

CR2E034 (10/00)