

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000071368 (9)**

1. Corporation Name

**PATHWAYS BEHAVIORAL NETWORK, INC.**



Principal Place of Business	Mailing Address
C/O LAW OFFICES OF RAUL J. SANCHEZ DE VARO 1333 S MIAMI AVE SUITE 303 MIAMI FL 33130	C/O LAW OFFICES OF RAUL J. SANCHEZ DE VARO 1333 S MIAMI AVE SUITE 303 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4649 Ponce de Leon Blvd		26 4649 Ponce de Leon Blvd		08/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 400		27 Suite 400		65-0787552	
City & State		City & State		Applied For	
23 Coral Gables, Florida		28 Coral Gables, Florida		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33146		29 33146		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANCHEZ DE VARONA, RAUL J 1333 S MIAMI AVE SUITE 100 MIAMI FL 33130				81 Name Sanchez de Verona, Raul J.			
				82 Street Address (P.O. Box Number is Not Acceptable) 4649 Ponce de Leon Blvd			
				83 Suite 400			
				84 City Coral Gables			
				85 Zip Code FL 33146			

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, 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 DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	100 DeBartolo Place	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNETT, MARYANN			1.2 NAME	SUITE 100		
STREET ADDRESS	1323 FLORENCEDALE AVE			1.3 STREET ADDRESS	Boardman, Ohio 44556		
CITY-ST-ZIP	YOUNGSTON OH 44505			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	100 DeBartolo Place	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACEJKO, TRISH			2.2 NAME	SUITE 100		
STREET ADDRESS	1323 FLORENCEDALE AVE			2.3 STREET ADDRESS	Boardman, Ohio 44556		
CITY-ST-ZIP	YOUNGSTON FL 44505			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Sanchez de Varona, Raul J.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	4649 Ponce de Leon Blvd Suite 400		
STREET ADDRESS				3.3 STREET ADDRESS	Coral Gables, Florida 33146		
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

2/20/98

CR2E034 (10/97)