

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011655

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: PATHWAY WELLNESS CENTRE, INC.

**Current Principal Place of Business:**

2755 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2747-A CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2755 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

2747-A CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

FEI Number: 59-3490866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARRAH, GENEVA B  
2755 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**Name and Address of New Registered Agent:**

FARRAH, GENEVA B  
2747-A CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/07/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: FARRAH, GENEVA B  
Address: 6729 TIM TAM TRAIL  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PTD ( ) Delete  
Name: FARRAH, LOUIS T  
Address: 6729 TIM TAM TRAIL  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS FARRAH

Electronic Signature of Signing Officer or Director

PTD

01/07/2004

Date