

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90007 017 \*\*\*150.00

DOCUMENT # P98000088204

1. Corporation Name

PATHWAYS OUTPATIENT SERVICES, INC.

Principal Place of Business

4649 PONCE DE LEON BLVD. SUITE 400  
CORAL GABLES FL 33146

Mailing Address

4649 PONCE DE LEON BLVD. SUITE 400  
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1333 South Miami Ave.

2a. Mailing Address

26 1333 South Miami Ave.

Suite, Apt. #, etc.

22 Suite 100

Suite, Apt. #, etc.

27 Suite 100

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33130

Country

25 USA

Zip

29 33130

Country

30 USA

9. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J  
4649 PONCE DE LEON BLVD. SUITE 400  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

Raul J. Sanchez de Varona

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

145 Madeira Avenue

83

Suite 310

84 City

Coral Gables

85 Zip Code

FL 33134

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

TITLE D ☐ DELETE  
NAME BARNETT, MARYANN  
STREET ADDRESS 100 DEBARTOLO PLACE SUITE 100  
CITY-ST-ZIP BOARDMAN OH 44556

TITLE D ☐ DELETE  
NAME MACEJKO, PATRICIA  
STREET ADDRESS 100 DEBARTOLO PLACE SUITE 100  
CITY-ST-ZIP BOARDMAN OH 44556

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Barnett, Maryann  
1.3 STREET ADDRESS 5903 Tippecanoe Road  
1.4 CITY-ST-ZIP Canfield, OH 44406

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Macejko, Patricia  
2.3 STREET ADDRESS 6952 Killdeer Drive  
2.4 CITY-ST-ZIP Canfield, OH 44406

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-99 330-965-0300

CR2E034 (11/98)

0218547