2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000004440

1. Entity Name
TRAVMED USA, INC.

Principal Place of Business	Mailing Address
1815 COFFEY POINT DRIVE STE 100 CHARLOTTE, NC 28217	1815 COFFEY POINT DRIVE STE 100 CHARLOTTE, NC 28217

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number 56-2027533	Applied For
	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000030672 02/04/04-80117-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WILLIAMS, STEVEN
STREET ADDRESS	18300 RIVER FORD DR
CITY-ST-ZIP	DAVIDSON, NC
TITLE	VS
NAME	LITTON JR, ROBERT B
STREET ADDRESS	5403 CALLANDER CT
CITY-ST-ZIP	CHARLOTTE, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Robert Litton 1-30-04 704-426-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #