

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004440

Entity Name: TRAVMED USA, INC.

FILED  
Jul 14, 2005  
Secretary of State

## Current Principal Place of Business:

1815 COFFEY POINT DRIVE  
STE 100  
CHARLOTTE, NC 28217

## New Principal Place of Business:

## Current Mailing Address:

1815 COFFEY POINT DRIVE  
STE 100  
CHARLOTTE, NC 28217

## New Mailing Address:

FEI Number: 56-2027533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: WILLIAMS, STEVEN  
Address: 18300 RIVER FORD DR  
City-St-Zip: DAVIDSON, NC

Title: VS ( ) Delete  
Name: LITTON JR, ROBERT B  
Address: 5403 CALLANDER CT  
City-St-Zip: CHARLOTTE, NC

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ATHERTON, PAMELA  
Address: 14114 DALLAS PARKWAY STE 600  
City-St-Zip: DALLAS, TX 75254

Title: VP (X) Change ( ) Addition  
Name: SMITH, VICKI L  
Address: 14114 DALLAS PARKWAY STE 600  
City-St-Zip: DALLAS, TX 75254

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: ROBERT LITTON

VP

07/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date