# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 21, 2004**
**Secretary of State**

DOCUMENT# F96000001800

**Entity Name:** HEALTH TRANS, INC.

**Current Principal Place of Business:**

1995 N.E. 142 STREET
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

8323 NW 12TH STREET
109
MIAMI, FL 33126

**Current Mailing Address:**

ONE RIVERWAY
STE 500
HOUSTON, TX 77056 US

**New Mailing Address:**

1640 PHOENIX BLVD
SUITE 200
COLLEGE PARK, GA 30349 US

**FEI Number: 65-0613681** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DT ( ) Delete
Name: YOUNG, DAVID
Address: 1 RIVERWAY STE 500
City-St-Zip: HOUSTON, TX 77056

Title: VDS ( ) Delete
Name: LONGO, ROBERT E
Address: ONE RIVERWAY, STE 500
City-St-Zip: HOUSTON, TX 77056

Title: D (X) Delete
Name: BELL, LINDA
Address: ONE RIVERWAY, STE 500
City-St-Zip: HOUSTON, TX 77056

Title: ACS (X) Delete
Name: ROSECRANS, SHAYNE A
Address: 1 RIVERWAY STE 500
City-St-Zip: HOUSTON, TX 77056

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

Title: PRES (X) Change ( ) Addition
Name: RUSSELL, STEVEN
Address: 1640 PHOENIX BLVD.
City-St-Zip: COLLEGE PARK, GA 30349

Title: SECY (X) Change ( ) Addition
Name: GASTON, CHINTA
Address: 400 EAST JEFFERSON STREET
City-St-Zip: CHARLOTTESVILLE, VA 22902

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: M. CHINTA GASTON SECY 05/21/2004
Electronic Signature of Signing Officer or Director Date