

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001800

Entity Name: HEALTH TRANS, INC.

FILED  
Apr 12, 2005  
Secretary of State

## Current Principal Place of Business:

8323 NW 12TH STREET  
109  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

1640 PHOENIX BLVD  
SUITE 200  
COLLEGE PARK, GA 30349 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PRES ( ) Delete  
Name: RUSSELL, STEVEN  
Address: 1640 PHOENIX BLVD.  
City-St-Zip: COLLEGE PARK, GA 30349

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition  
Name: SHERMYEN, JOHN L  
Address: 1650 PHOENIX BOULEVARD  
City-St-Zip: COLLEGE PARK, GA 30349

Title: D ( ) Change (X) Addition  
Name: HANDY, JOSEPH P  
Address: 12000 BISCAYNE BOULEVARD  
City-St-Zip: NORTH MIAMI, FL 33181

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

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

S

04/12/2005

Electronic Signature of Signing Officer or Director

Date