

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0613296 AV

DOCUMENT # F96000001800

1. Entity Name
HEALTH TRANS, INC.



FILED

03 MAR 10 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1995 N.E. 142 STREET
NORTH MIAMI FL 33181

Mailing Address
ONE RIVERWAY
STE 500
HOUSTON TX 77056
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0613681

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	YOUNG, DAVID	
STREET ADDRESS	1 RIVERWAY STE 500	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	LONGO, ROBERT E	
STREET ADDRESS	ONE RIVERWAY, STE 500	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, LINDA	
STREET ADDRESS	ONE RIVERWAY, STE 500	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	ACS	<input type="checkbox"/> Delete
NAME	ROSECRANS, SHAYNE A	
STREET ADDRESS	1 RIVERWAY STE 500	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Shayne A. Rosecrans 03/07/03 713-8880104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2cel2

ACCOUNT NO. : 072100000032

REFERENCE : 958030 7111512

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 150.00

ORDER DATE : March 7, 2003

ORDER TIME : 11:18 AM

ORDER NO. : 958030-120

CUSTOMER NO: 7111512

CUSTOMER: Kim Steiger
Coach Usa
Suite 500
One Riverway
Houston, TX 770561903

RECEIVED
03 MAR 10 PM 12:55
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: HEALTH TRANS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____