

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 SEP 27 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H65548

1. Corporation Name

AROUND THE WORLD TRAVELER'S MEDICAL SERVICE, P.A

Principal Place of Business

% LAURENCE P. STILLMAN  
3097 NE 163RD STREET  
NORTH MIAMI FL 33160

Mailing Address

% LAURENCE P. STILLMAN  
3097 NE 163RD STREET  
NORTH MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1985

4. FEI Number

59-2564565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☐

No

2. Principal Place of Business

21 16499 NE 19 AVE

Suite, Apt #, etc.

22 107

City & State

23 N. MIAMI BEACH, FL

24 33162

Country

2a. Mailing Address

26 16499 NE 19 AVE

Suite, Apt #, etc.

27 107

City & State

28 N. MIAMI BEACH, FL

29 33162

Country

9. Name and Address of Current Registered Agent

STILLMAN, LAURENCE P.  
3097 NE 163RD STREET  
NORTH MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16499 NE 19 AVE

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33162

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P STILLMAN, LAURENCE P.

NAME

STREET ADDRESS

3097 NE 163RD STREET

CITY-STATE-ZIP

NORTH MIAMI BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/99 305-876-0519

Date

Daytime Phone #

CR2E034 (5/99)