

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000004235

1. Entity Name

WORLD TRAVEL HEALTH CARE, L.L.C.

FILED

01 APR 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

889 EAST PALMETTO PARK ROAD
BOCA RATON FL 33487

Mailing Address

889 EAST PALMETTO PARK ROAD
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0933511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.
100 N.E. THIRD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

KAREN KLUGE

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

889 EAST PALMETTO PARK ROAD

City

BOCA RATON

FL

Zip Code

33432

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.

SIGNATURE X Karen Kluge, Mgr.

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

(NOTE: Registered Agent signature required when reinstating)

X 4/11/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004065212--3
-04/24/01--01109--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR GARCIA, FERNANDO ☐ Delete
STREET ADDRESS 889 EAST PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL 33487

TITLE NAME MGR KLUGE, KAREN ☒ Delete
STREET ADDRESS 9117 CARNA DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 33432
CITY-ST-ZIP

TITLE NAME MGR KAREN KLUGE ☐ Change ☒ Addition
STREET ADDRESS 889 EAST PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Karen Kluge, MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

X 4/11/01

Date

X 561-361-7484

Daytime Phone #

CR2E083 (11/00)