

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002002

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF TRAVEL HEALTHCARE ORGANIZATIONS, INC.

**Current Principal Place of Business:**

222 S. WESTMONTE DRIVE, #101  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

222 S. WESTMONTE DRIVE, #101  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 26-1996394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUTTER, WILLARD S  
222 S. WESTMONTE DRIVE, #101  
ALTAMONTE SPRINGS, FL 32714 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STAGEN, MARK  
Address: 222 S. WESTMONTE DRIVE, #101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: DECAMP, DON  
Address: 222 S. WESTMONTE DRIVE, #101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: BALDRIDGE, DAVID  
Address: 222 S. WESTMONTE DRIVE, #101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

Title: ED (X) Change ( ) Addition  
Name: KAUTTER, WILLARD S  
Address: 222 S. WESTMONTE DRIVE, #101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD (X) Change ( ) Addition  
Name: STAGEN, MARK  
Address: 4640 ADMIRALTY WAY #600  
City-St-Zip: MARINA DEL RAY, CA 90292

Title: VPD (X) Change ( ) Addition  
Name: WEHN, STEVE  
Address: 12400 HIGH BLUFF DR  
City-St-Zip: SAN DIEGO, CA 92130

Title: STD ( ) Change (X) Addition  
Name: KINNAS, CYNTHIA  
Address: 3724 EXECUTIVE CENTER DR #200  
City-St-Zip: AUSTIN, TX 78731

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD S. KAUTTER

ED

04/29/2009

Electronic Signature of Signing Officer or Director

Date