2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2010
Secretary of State

DOCUMENT# N08000002002

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: ED
Name: KAUTTER, WILLARD S
Address: 222 S. WESTMONTE DRIVE, #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLARD S KAUTTER ED 03/26/2010
Electronic Signature of Signing Officer or Director Date