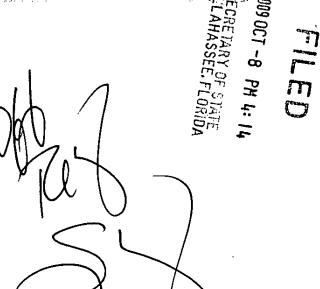
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(Requestor's Name) (Address) (Address)	600161460566	
(City/State/Zip/Phone #)	·	
PICK-UP WAIT MAIL	10/08/0301015016 **35.00	
(Business Entity Name)	CONTRACTOR OF THE STATE OF THE	
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Travel Association (Americas), Inc. (Name of Corporation)
DOCUMENT NUMBER:	Not known
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
David T. Boucher	
(Name of Pe	erson)
Companion Global Healthcare	e, Inc.
(Name of Firm/	Company)
I-20@Alpine Road, AX-724	
(Addres	s)
Columbia, SC 29219	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
David Boucher	at (803) 264-3256 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m.	ade payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

David T. Boucher	, hereby resign as	Member, Board of Directors
med.co.		(Title)
	sociation (Americas), Inc.	
	ame of Corporation)	· · · · · · · · · · · · · · · · · · ·
(Document Number, if known)	, a corporation organized unde	er the laws of the State of
Florida		
	(Signature of resigning officer/director	2009 OCT -8 PM 4: 14 SECRETARY OF STATE TALLAHASSEE, FLORID

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314