

N090000000339

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

NOV 18 2009

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: International Medical Travel Association (Amicus), Inc.  
Name of Corporation

DOCUMENT NUMBER: NO9000 000339

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Gerst  
Name of Contact Person

International Medical Travel Association (Amicus), Inc.  
Firm/Company

1010 Seminole Drive #811  
Address

Ft. Lauderdale, Florida 33304  
City/State and Zip Code

Steven-gerst@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Gerst at ( 404 ) 441-5885  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2009

INTERNATIONAL MEDICAL TRAVEL ASSOCIATION (AMERICAS)  
INC.  
1010 SEMINOLE DR STE 811  
FORT LAUDERDALE, FL 33304

SUBJECT: INTERNATIONAL MEDICAL TRAVEL ASSOCIATION (AMERICAS)  
INC.  
Ref. Number: N09000000339

Our records indicate the registered agent for the above named corporation resigned on September 24, 2009 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Teresa Brown  
Regulatory Specialist II  
Division of Corporations

Letter number: 309A00034164

2009 NOV 17 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: International Medical Travel Association (America) Inc.
2. The principal office address: 1010 Seminole Drive #811  
Ft. Lauderdale, Florida 33304
3. The mailing address (if different): to
4. Date of incorporation/qualification: 1/12/2009 Document number: 1009000000339
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Steven Gerst

1010 Seminole Drive #811

P.O. Box NOT acceptable

Ft. Lauderdale, Florida 33304

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Steven Gerst  
Signature of an officer or director

STEVEN R GERST, PRESIDENT  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Steven Gerst  
Signature of Registered Agent

November 12 2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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TALLAHASSEE, FLORIDA