2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P05000023235

Entity Name: TRAVEL HEALTH CARE, INC

Current Principal Place of Business:

14386 SOUTH WEST 164 TERRACE
MIAMI, FL 33177

New Principal Place of Business:

19661 SW 137 AVE
MIAMI, FL 33177

Current Mailing Address:

14386 SOUTH WEST 164 TERRACE
MIAMI, FL 33177

New Mailing Address:

19661 SW 137 AVE
MIAMI, FL 33177

FEI Number: 03-0555049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIERA, OELSNER O
14386 SOUTH WEST 164 TERRACE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

VIERA, OELSNER O
196661 SW 137 AVE
MIAMI, FL 33177 US

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: OELSNER VIERA 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIERA, OELSNER O
Address: 14686 SW 164 TERR
City-St-Zip: MIAMI, FL 33177

Title: VP ( ) Delete
Name: VIERA, BRENDA M
Address: 14686 SW 164 TER
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VIERA, OELSNER O
Address: 196661 SW 137 AVE
City-St-Zip: MIAMI, FL 33177

Title: VP (X) Change ( ) Addition
Name: VIERA, BRENDA M
Address: 19661 SW 137 AVE
City-St-Zip: MIAMI, FL 33177

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OELSNER O. VIERA P 04/30/2009
Electronic Signature of Signing Officer or Director Date