

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90384 046 ***150.00

60023229



03252006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2477233** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOURNIER, DENIS J
2452 SANDY CAY
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name **John Porter Accounting**
Street Address **400 S. Federal Hwy. • Suite 404**
City **Boynton Beach, FL 33435** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **03/25/06**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.V.P FOURNIER, DENIS J 2452 SANDY CAY WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2000 N Congress Lot 68 WPB, FL 33409	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed or an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

[Signature] **Denis J Fournier** **3-25-06** **Cell # 424/1024**



ATTACHMENT

60023229
#P05000035632

2 SOUTH UNIVERSITY DRIVE • SUITE 327
PLANTATION, FLORIDA 33324-3355
BROWARD: 954.472.2144
DADE: 305.655.2378
FACSIMILE: 954.472.9244
WEBSITE: WWW.FCTCPA.COM

UNIFORM BUSINESS REPORT INSTRUCTIONS

Name: Doctors Travel USA, Inc Date: 03-13-06

Engagement: 47007-010 Year: 2006

General: The following procedures are applicable to the attached form. This copy is for your records. Please send us a copy of the executed form for our files.

Signature: An officer's signature, printed name, title and date are required.

Filing Date: Prior to May 1, 2006

Payment: \$150 (After 5/1/05 - \$550.00). Payable to: Department of State

Note: The filing of this report, together with the filing fee, is required to maintain the Corporation in "good standing" status with the State of Florida. Be certain that all of the officers, directors and Resident Agent of the corporation are correctly listed together with their respective addresses. **Make whatever corrections necessary directly on the form.** Please call our office if you intend to change the designated Resident Agent or if you have any questions.

Failure to timely file and pay the required fee may result in involuntary dissolution of the corporation by the Secretary of State's office; in which case, neither the Corporation's name nor its right to sue or defend itself against a lawsuit will be protected.

Mail to: Division of Corporations
Annual Reports Filings
P.O. Box 6198
Tallahassee, FL 32314

You can also file on the Internet as follows:

www.sunbiz.org

Select: Electronic Filing

Select: Uniform Business Report

Business entity Document Number is found in Block 1 of the Report

Electronic Access Code Number is found in the lower right hand corner of the cover letter.

The filing fee can be paid by debit card or your Discover credit card.