2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P06000077420

Entity Name: MEDICAL TRAVELERS, INC.

Current Principal Place of Business:

1745 SE 44TH TERRACE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

1745 SE 44TH TERRACE
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 20-4991070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, EULA D
1745 SE 44TH TERRACE
CAPE CORAL, FL 33904 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: PRES
Name: THOMAS, WILLIAM C
Address: 1745 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: CEO
Name: THOMAS, EULA D
Address: 1745 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SEC
Name: THOMAS, WILLIAM C
Address: 1745 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TRE
Name: THOMAS, WILLIAM C
Address: 1745 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: COO
Name: THOMAS, EULA D
Address: 1745 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP
Name: THOMAS, WILLIAM C
Address: 1745 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

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

SIGNATURE: WILLIAM C THOMAS PRES 04/26/2011

Electronic Signature of Signing Officer or Director Date