

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051679

FILED
Feb 06, 2012
Secretary of State

Entity Name: CENTER FOR TRAVEL MEDICINE, INC.

Current Principal Place of Business:

4300 ALTON ROAD
GREENE PAVILION 450
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4300 ALTON ROAD
GREENE PAVILION 450
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0430244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATZAN, KENNETH
4300 ALTON ROAD
MIAMI BEACH, FL 33140 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: PD
Name: CHAN, JOSEPH M.D.
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP
Name: TUDA, CLAUDIO M.D.
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: ST
Name: TUDA, CLAUDIO MD
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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: JOSEPH CHAN

PRES

02/06/2012

Electronic Signature of Signing Officer or Director

Date