

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000006455

1. Entity Name
TOUR + MED ASSISTANCE, INC.



Principal Place of Business
**4691 N. UNIVERSITY DR.
3411
CORAL SPRINGS, FL 33067 US**

Mailing Address
**4630 N. UNIVERSITY DR
#411
CORAL SPRINGS, FL 33067 US**



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0462738	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAPIERRE, REJEAN
7800 W OAKLAND PARK BLVD.
BUILDING G
SUNRISE, FL 33351**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000917313
05/13/08-80035-024 159.75**

10. OFFICERS AND DIRECTORS

TITLE D	NAME PROVENCHER, DANIEL L
STREET ADDRESS 4630 N. UNIVERSITY DR #411	
CITY-ST-ZIP CORAL SPRINGS, FL 33067	

TITLE VP	NAME PROVENCHER, LOUISE
STREET ADDRESS 4630 N. UNIVERSITY DR	
CITY-ST-ZIP CORAL SPRINGS, FL 33067	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other officers empowered.

SIGNATURE:

Daniel Provencher **DANIEL PROVENCHER**

4/19/08

954-340-1912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #