

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000080483

1. Entity Name
SOUTH FLORIDA TRAVEL MEDICINE CLINIC, INC.



Principal Place of Business

**8900 KENDALL DR.
MIAMI, FL 33176**

Mailing Address

**13300 SW 109 CT.
MIAMI, FL 33176**

FILED
Apr 11, 2005 08:00 AM
Secretary of State



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0533806

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LEITMAN, LORN
7700 NORTH KENDALL DRIVE
#415
MIAMI, FL 33156**

**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, 2005 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
**S
LEITMAN, LORN
7700 N. KENDALL DR., #415
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NATEMAN, HARRY R MD
9700 CALUSA CLUB DRIVE EAST
MIAMI, FL 33186**

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

000000297553
04/11/05-80031-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #