

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90304 009 \*\*\*150.00

**DOCUMENT # P97000074755**  
 1. Entity Name  
**INTERNATIONAL TRAVELERS ASSISTANCE SYSTEMS, INC.**  
**KENDALL URGENT CARE 9 TO 9, INC.**

Principal Place of Business      Mailing Address  
**13500 S.W. 88TH ST., STE. 180**      **13500 S.W. 88TH ST., STE. 180**  
**MIAMI FL 33186**      **MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>13550 S.W. 88<sup>TH</sup> ST.</b>		3. Mailing Address <b>13550 S.W. 88<sup>TH</sup> ST.</b>	
Suite, Apt. #, etc. <b>STE. 180</b>		Suite, Apt. #, etc. <b>STE. 180</b>	
City & State <b>MIAMI FL.</b>		City & State <b>MIAMI FL.</b>	
Zip <b>33186</b>	Country <b>U.S.A.</b>	Zip <b>33186</b>	Country <b>U.S.A.</b>

4. FEI Number **65-0840526**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**AYALA, JULIO J**  
**2300 MIAMI CENTER, 201 S. BISCAYNE BLVD.**  
**MIAMI FL 33131-4329**

7. Name and Address of New Registered Agent  
 Name **MICHAEL GREGORIAN, M.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13550 S.W. 88<sup>TH</sup> ST., SUITE 180**  
 City **MIAMI FL**      Zip Code **33186**

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.

SIGNATURE *Michael*      DATE 04/18/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	<b>P GREGORIAN, MICHAEL</b>	<input type="checkbox"/>
STREET ADDRESS	<b>13500 S.W. 88TH ST., STE. 180</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME			
STREET ADDRESS	<b>13550 S.W. 88<sup>TH</sup> ST., STE. 180</b>		
CITY-ST-ZIP	<b>MIAMI, FL. 33186</b>		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*      DATE 04/18/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/01)