

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000074617

1. Entity Name
TRAVELHEALTH, AN INTERNATIONAL TRAVELERS CLINIC, P.A.



Principal Place of Business
**1012 LUCERNE TERRACE
ORLANDO FL 32806**

Mailing Address
**1012 LUCERNE TERRACE
ORLANDO FL 32806**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3613309** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**LICITRA, CARMELO M.D.
1012 LUCERNE TER
ORLANDO FL 32806**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

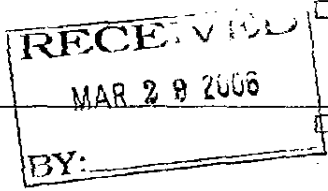
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVTS LICITRA, CARMELO M 1012 LUCERNE TERRACE ORLANDO FL 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *C. M. Licitra* **4/5/06 (407) 423-1039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #