

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90023 023 \*\*\*150.00

**DOCUMENT # P99000074617**

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



Principal Place of Business      Mailing Address

**1012 LUCERNE TERRACE**      **1012 LUCERNE TERRACE**  
**ORLANDO, FL 32806**      **ORLANDO, FL 32806**

**DO NOT WRITE IN THIS SPACE**



01062007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3613309**      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**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering.)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>PVTS</b>
NAME	<b>LICITRA, CARMELO M</b>
STREET ADDRESS	<b>1012 LUCERNE TERRACE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

**SIGNATURE:**       1/10/07      (407) 423-1039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #