

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90478 001 *****8.75
05-03-2004 90478 002 ***150.00

DOCUMENT # V51465

1. Entity Name

MEDICAL TRAVEL, INC.



Principal Place of Business

~~5184 MAJORCA CLUB DR.~~
~~BOCA RATON FL 33486~~

Mailing Address

~~5184 MAJORCA CLUB DR.~~
~~BOCA RATON FL 33486~~

bb417101

2. Principal Place of Business

16555 WHITE ORCHID LANE
Suite, Apt. #, etc.

3. Mailing Address

16555 WHITE ORCHID LANE
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

4. FEI Number

65-0363666

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, MICHAEL S

~~5184 MAJORCA CLUB DRIVE~~
~~BOCA RATON FL 33486~~

7. Name and Address of New Registered Agent

Name MICHAEL S. GOLDBERG

Street Address (P.O. Box Number is Not Acceptable)

16555 WHITE ORCHID LANE

City DELRAY BEACH

FL

Zip Code

33446

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE DS
NAME GOLDBERG, RENEE
STREET ADDRESS 5184 MAJORCA CLUB DRIVE
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE DPT
NAME GOLDBERG, MICHAEL S
STREET ADDRESS 5184 MAJORCA CLUB DRIVE
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 16555 WHITE ORCHID LANE
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 16555 WHITE ORCHID LANE
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 X

Date

56-702-9806

Daytime Phone #