2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: _

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # V51465 1. Entity Name 04-25-2005 90220 006 ***150.00 MEDICAL TRAVEL, INC. Principal Place of Business Mailing Address 16555 WHITE ORCHID LANE DELRAY BEACH FL 33446 16555 WHITE ORCHID LANE **DELRAY BEACH FL 33446** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0363666 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDBERG, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 16555 WHITE ORCHID LANE **DELRAY BEACH FL 33446** 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 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 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DS TITLE ☐ Delete ☐ Change Addition GOLDBERG, RENEE NAME NAME STREET ADDRESS 16555 WHITE ORCHID LANE STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-71P CITY-ST-ZIP TITLE DPT ☐ Delete TITLE ☐ Change ☐ Addition NAME GOLDBERG, MICHAEL S NAME STREET ADDRESS 16555 WHITE ORCHID LANE STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33446** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of the corporation or the receiver or trustee em changed, or on an attachment with an address

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