



MINNESOTA
DEPARTMENT OF
COMMERCE



85 7th Place East, Suite 500
St. Paul, Minnesota 55101-3165
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651.295.4026 FAX 651.297.1959
An equal opportunity employer

June 10, 2010

ANGELA ARNOLD THOMPSON
HAYNES AND BOONE LLP
1615 L STREET NW SUITE 800
WASHINGTON, DC 20036-5610

Re: F-3683
PASSPORT HEALTH INC
PASSPORT HEALTH TRAVEL BUSINESS FRANCHISE AGREEMENT

Dear Ms. Thompson:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is December 31, 2010.

Sincerely,

GLENN WILSON
Commissioner

By:

Daniel Sexton
Commerce Analyst Supervisor
Registration Division
(651) 296-4520

GW:DES:dlw

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
REGISTRATION DIVISION
(651) 296-4520

IN THE MATTER OF THE REGISTRATION OF:
PASSPORT HEALTH TRAVEL BUSINESS FRANCHISE AGREEMENT
By PASSPORT HEALTH INC

ORDER AMENDING
REGISTRATION

WHEREAS, an application to amend the registration and amendment fee have been filed,

IT IS HEREBY ORDERED that the registration dated September 25, 2008, is amended as of the date set forth below.



GLENN WILSON
Commissioner
Department of Commerce
85 7th Place East, Suite 500
St Paul, MN 55101

Date: June 10, 2010

UNIFORM FRANCHISE REGISTRATION APPLICATION
Minnesota

File No: F-3683
Fee: \$ 300.00

APPLICATION FOR:

- ___ INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
- X RENEWAL APPLICATION OR ANNUAL REPORT
- ___ PRE-EFFECTIVE AMENDMENT
- ___ POST-EFFECTIVE MATERIAL AMENDMENT

State of Minnesota
Dept. of Commerce
JUN 09 2010
Rec'd \$ 300

1. Name of Franchisor:
Passport Health, Inc.

2. Name of franchise offering:
Passport Health, Inc.

3. Franchisor's principal business address:
921 East Fort Avenue
Southside Market Place
Baltimore, Maryland 21230

4. Name and address of Franchisor's agent in the state authorized to receive process:
Commissioner of Commerce
85 7th Place East, Suite 500
St. Paul, Minnesota 55101

5. The states in which this application is or will be shortly on file:
California, Hawaii, Illinois, Indiana, Maryland, Minnesota, New York, Rhode Island, South Dakota, Virginia, Washington and Wisconsin

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:
Angela Arnold Thompson, Paralegal
Haynes and Boone, LLP
1615 L. St. NW, Ste 800
Washington, DC 20036
Phone: (202) 654-4552
Fax: (202) 654-4277
Email: angela.thompson@haynesboone.com

6-10-10
A/R Annus
12/31 9-25-08

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