

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000020886

FILED
Apr 27, 2011
Secretary of State

Entity Name: CRITICAL MEDICAL EDUCATION & TRAINING, INC.

Current Principal Place of Business:

1835 S. PERIMETER ROAD - SUITE 170
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1835 S. PERIMETER ROAD - SUITE 170
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 27-2035524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADLIER, RUTH A
18345 44TH PLACE NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SADLIER, RUTH A
Address: 18345 44TH PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S
Name: SIMMONS, KATHY A
Address: 9233 BUENA MESA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T
Name: RUSH, KIMBERLY
Address: 15731 85TH ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP
Name: BANKS, THOMAS W JR.
Address: 1835 S. PERIMETER ROAD - SUITE 170
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUTH A SADLIER

CEO

04/27/2011

Electronic Signature of Signing Officer or Director

Date