

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000110961

**Entity Name:** MOBILE CPR EDUCATORS, CORP.

**Current Principal Place of Business:**

4 FULMAR CT. NE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

4 FULMAR CT. NE  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** 26-1221746

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROST, DONALD L  
4 FULMAR CT. NE  
FORT WALTON BEACH, FL 32548 US

*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

**Officer/Director Detail :**

Title P  
Name BROST, DONALD  
Address 4 FULMAR CT. NE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title VP  
Name BROST, JENNIFER A  
Address 4 FULMAR CT. NE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title SEC.  
Name BROST, JENNIFER A  
Address 4 FULMAR CT. NE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRES  
Name BROST, DONALD L  
Address 4 FULMAR CT. NE  
City-State-Zip: FORT WALTON BEACH FL 32548

*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:** DONALD L. BROST

**PRESIDENT**

**02/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date