

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000101396

**Entity Name:** AMERICAN MEDICAL TRAINING INSTITUTE INC.

**Current Principal Place of Business:**

7115 SW 34TH PL  
GAINESVILLE, FL 32608

**Current Mailing Address:**

7115 SW 34TH PL  
GAINESVILLE, FL 32608 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CHEN, HUANXIN DR.  
7115 SW 35TH PL  
GAINESVILLE, FL 32608 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	Title	VP
Name	CHEN, HUANXIN	Name	SHI, RUIJUAN
Address	7115 SW 34TH PL	Address	7115 SW 34TH PL
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608

*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:** HUANXIN CHEN

**CEO**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date