

Amended
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N000000000818

1. Entity Name

EMERGENCY MEDICAL TRAINING INSTITUTE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 30 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7430 SW 153 PL.

Suite, Apt. #, etc.

107

City & State

MIAMI FLORIDA

Zip

33193

Country

USA

3. Mailing Address

7430 SW 153 PL.

Suite, Apt. #, etc.

107

City & State

MIAMI FLORIDA

Zip

33193

Country

USA

4. FEI Number

650980963

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name BRUCE LEE GADOL

Street Address (P.O. Box Number is Not Acceptable)

7430 SW 153 PLACE 107

City MIAMI

FL

Zip Code

33193

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.

SIGNATURE

Bruce Lee Gadol

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/02

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / DIRECTOR BRUCE LEE GADOL 7430 SW 153 PL 107 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT / DIRECTOR TRACY MICHELLE TATUM 16336 NW 68TH AVE, APT B MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER / DIRECTOR / SEC RHODA GADOL 7430 SW 153 PL 107 MIAMI, FL 33193
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**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce Lee Gadol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 305 383-2135

DATE

DAYTIME PHONE #

CR2E037B (12/01)

EMERGENCY MEDICAL TRAINING INSTITUTE Inc.
School of EMS and Allied Health
7430 S.W. 153 Place #107 Miami, Florida 33193

April, 30, 2002

To: Mr. Andy Dunlap

From: Bruce L. Gadol
President

Dear Andy:

As per our telephone conversation, please accept this letter as my written request to use money from our corporation's over-payment of the 2001 UBR filing to pay for the current charges of \$70.00 towards the new UBR filing with the following changes made:

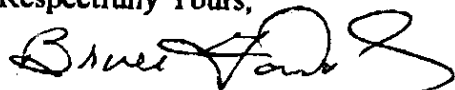
Bruce L. Gadol; President – Director

Tracy M. Tatum; Vice President – Director

Rhoda Gadol; Secretary – Director

I am very grateful for all you kind assistance and patience with our situation.

Respectfully Yours,



Bruce L. Gadol REMT CCT I/C
President - Director
EMTI

**EMERGENCY MEDICAL TRAINING INSTITUTE**

7430 S.W. 153rd Place. #107, Miami, Florida 33193

(305) ~~380-1411~~ or Fax (305) ~~408-7010~~

April 10, 2002

To: Beth Register
Andy Dunlap

As Owner and President of EMTI Inc. I do not want anyone to make changes to these Articles of Incorporation or filing of the UBR without having my consent in writing please.

I would like to be notified immediately if possible in the event any person attempts to alter my corporation's legal documents.

My number is (305) 383-2135.

I greatly appreciate your assistance.

Respectfully yours.

Bruce L. Gadol
President