

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90063 013 ****61.25

DOCUMENT # N00000000818

1. Entity Name
EMERGENCY MEDICAL TRAINING INSTITUTE INC.



Principal Place of Business

7430 SW 153 PL
#107
MIAMI, FL 33193

Mailing Address

7430 SW 153 PL
#107
MIAMI, FL 33193



01282004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-0980963

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GADOL, BRUCE L
7430 SW 153 PL
#107
MIAMI, FL 33193

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GADOL, BRUCE L
STREET ADDRESS 7430 S.W. 153RD PLACE, #107
CITY-ST-ZIP MIAMI, FL 33193

TITLE TDS
NAME GADOL, RHODA
STREET ADDRESS 7430 SW 153 PL
CITY-ST-ZIP MIAMI, FL 33193

TITLE TD
NAME GADOL, MARK
STREET ADDRESS 7430 SW 153RD PL
CITY-ST-ZIP MIAMI, FL 33193

TITLE TD
NAME GADOL, STACY
STREET ADDRESS 7430 SW 153 PL
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

Date

786 293-5444

Daytime Phone #