

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000818

FILED
Mar 02, 2005
Secretary of State

Entity Name: EMERGENCY MEDICAL TRAINING INSTITUTE INC.

Current Principal Place of Business:

7430 SW 153 PL
#107
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

7430 SW 153 PL
#107
MIAMI, FL 33193

New Mailing Address:

FEI Number: 65-0980963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GADOL, BRUCE L
7430 SW 153 PL
#107
MIAMI, FL 33193 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: PD () Delete
Name: GADOL, BRUCE L
Address: 7430 S.W. 153RD PLACE, #107
City-St-Zip: MIAMI, FL 33193

Title: TDS () Delete
Name: GADOL, RHODA
Address: 7430 SW 153 PL
City-St-Zip: MIAMI, FL 33193

Title: TD () Delete
Name: GADOL, MARK
Address: 7430 SW 153RD PL
City-St-Zip: MIAMI, FL 33193

Title: TD (X) Delete
Name: GADOL, STACY
Address: 7430 SW 153 PL
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GADOL, BRUCE L PD
Address: 7430 S.W. 153RD PLACE #107
City-St-Zip: MIAMI, FL 33193 US

Title: TDS (X) Change () Addition
Name: GADOL, RHODA TD
Address: 7430 SW 153 PLACE #107
City-St-Zip: MIAMI, FL 33193 US

Title: TD (X) Change () Addition
Name: ALFONSO, STACY E TD
Address: 7430 SW 153 PLACE #107
City-St-Zip: MIAMI, FL 33193 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE L. GADOL

PD

03/02/2005

Electronic Signature of Signing Officer or Director

Date