

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90011 009 ***150.00

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1. Entity Name

QUALIFIED MEDICAL TRAINING, INC.



Principal Place of Business

**633 NE 167TH ST.
925
MIAMI, FL 33162**

Mailing Address

**633 NE 167TH ST.
925
MIAMI, FL 33162**

44022592



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1104800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCLEAN, AUDREYA
633 NE 167TH STREET #1201
MIAMI, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCLEAN, AUDREYA
STREET ADDRESS 6770 INDIAN CREEK DR, APT #7P
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE VP
NAME MCCLEAN, CLAUDIA
STREET ADDRESS 6770 INDIAN CREEK DRIVE, #7P
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE S
NAME MCCLEAN, DIANA
STREET ADDRESS 6770 INDIAN CREEK DRIVE, #7P
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE T
NAME MCCLEAN, LISIA
STREET ADDRESS 6770 INDIAN CREEK DRIVE, #7P
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 607, 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

3/03/04
Date

305-652-1260
Daytime Phone #