

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000306

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: QUALIFIED MEDICAL TRAINING, INC.

## Current Principal Place of Business:

633 NE 167TH ST.  
925  
MIAMI, FL 33162

## New Principal Place of Business:

319 NE 167TH STREET  
MIAMI, FL 33162

## Current Mailing Address:

633 NE 167TH ST.  
925  
MIAMI, FL 33162

## New Mailing Address:

PO BOX 640950  
MIAMI, FL 33164

FEI Number: 65-1104800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MCLEAN, AUDREYA  
5300 ALTON RD  
MIAMI BEACH, FL 33140 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: AUDREYA MCLEAN

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCLEAN, AUDREYA  
Address: 6770 INDIAN CREEK DR, APT #7P  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete  
Name: MCCLEAN, CLAUDIA  
Address: 6770 INDIAN CREEK DRIVE, #7P  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete  
Name: MCCLEAN, DIANA  
Address: 6770 INDIAN CREEK DRIVE, #7P  
City-St-Zip: MIAMI BEACH, FL 33141

Title: T ( ) Delete  
Name: MCCLEAN, LISIA  
Address: 6770 INDIAN CREEK DRIVE, #7P  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCLEAN, AUDREYA  
Address: 5300 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP (X) Change ( ) Addition  
Name: MCLEAN, CLAUDIA  
Address: 5243 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Change ( ) Addition  
Name: MCCLEAN, DIANA  
Address: 5243 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T (X) Change ( ) Addition  
Name: MCCLEAN, LISIA  
Address: 5243 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISIA MCLEAN

T

02/08/2005

Electronic Signature of Signing Officer or Director

Date