

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90011 036 ***150.00

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1. Entity Name
QUALIFIED MEDICAL TRAINING, INC.



Principal Place of Business
**319 NE 167TH STREET
MIAMI, FL 33162**

Mailing Address
**PO BOX 640950
MIAMI, FL 33164**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1104800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	5300 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VP
NAME	MCLEAN, CLAUDIA
STREET ADDRESS	5243 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S
NAME	MCCLEAN, DIANA
STREET ADDRESS	5243 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	T
NAME	MCCLEAN, LISIA
STREET ADDRESS	5243 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #