CDALFIED MEDICAL TRAINING, INC.         Principal Place of Business       Mailing Address         S3 ME 167TH S1.       53 WE 167TH S1.         925       935         MAM FL 33f62       MiAM FL 33f62         2. Principal Place of Business       3. Mailing Address         Suite. Apt. #, etc.       Chross         Suite. Apt. #, etc.       Chross State         Zip       Country         Zip       Country         Zip       Country         Zip       Country         Zip       Country         Zip       Country         Street Address of Current Registered Agent       7. Name and Address of New Registered Agent         MCLEAN, AUDREYA       Street Address (P.O. Box Number is Not Acceptable)         MIAMI FL 33162       Chry         FLE       You basked meet of agent and to the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the diagations of registered agent.         MAMI FL 33162       Chry         FLE NOWITH FEE IS \$150.00       Atter May (7.2003 Fee will be \$55.00         Atter May (7.2003 Fee will be \$55.00         Atter May (7.2003 Fee will be \$55.00         Make Check Propable to Florida Department of State         Intu       McLEAN, AUDREYA	UN DOCL 1. Entity Na	me	<b>SS REPOR</b> 0000306	RATION T (UBR)	FILED Mar 20, 2003 8:00 am Secretary of State 03-20-2003 90142 014 ***150.00	
	QUALIFIE	ED MEDICAL TRAINING, INC				
IMAM FL 30162     IMAK FL 30162       2. Pincopin Place of Business     3. Meiling Address       Suite, Apt. #, etc.     Current Registered Agent       City & State     Current Registered Agent       Zip     Country       4. TEL Number     65-1104800       Address of Durinet Registered Agent       Autor Address of Current Registered Agent       MCLEAN, AUDERYA       Son RE 167Th STREET #1201       MAMI FL 30162       City       City       City       City       File MOW(I): PEEL IS \$150.00       Attem Registered agent or both, In the State of Paridas       Amade Registeria       Dirich Registeria       Base Address (PD, David Registeria)       Base Address (PD, Raw Base Address (	633 NE 167T		633 NE 167TH ST.			
Suite Apt # etc     Suite Apt # etc     Chy & Suite     Applied Torr       Zip     Country     2.p     Country     5. Certificate of Situs Desired     SX.75 Additional Fee Regulatered Agent     SX.75 Additional Fee Regulatered Agent       MCLEAN, AUDREYA GSI NE 167Th STREET #1201 MIAMI FL 33162     Name     Name     Name     Stress of Nover Regulatered Agent     Name       MCLEAN, AUDREYA GSI NE 167Th STREET #1201 MIAMI FL 33162     Stress of Nover Regulatered Agent     Name     Oreal Address of Nover Regulatered Agent     Name       MCLEAN, AUDREYA GSI NE 167Th STREET #1201 MIAMI FL 33162     Stress Address (P.O. Box Numper) is Not Acceptable)     Stress Address of Populatered Agent     Stress Address of Populatered Agent     Name       MCLEAN, AUDREYA GSI NE 167Th STREET #1201 MIAMI FL 33162     Stress Address (P.O. Box Numper) is Not Acceptable)     Stress Address of Populatered Agent     Stress Address of Populatered Agent       SIGN 1.107TH STREET #1201 MIAMI FL 33162     Differ Mayne Market Mitth and Acceptable)     Stress Address of Populatered Agent     Name       SIGN 1.107TH STREET #1201 MIAMI FL 33162     Differ Mayne Market Mitth address of Populatered Agent     Other Market Mitth address of Populatered Agent     Other Market Mitth address of Populatered Agent       SIGN 1.107TH STREET #1201 MIAMI BEACH FL 33141     Differ Mayne Market Mitth address of Populatered Address Address of Populatered Address Address of Populatered Addr	MIAMI FL 33162 MIAMI FL 33162			و میدانچ شان کرد.		
City & State       City & State       Image: City & State <td< td=""><td colspan="2">2. Principal Place of Business 3. Mailing</td><td>3. Mailing Address</td><td></td><td>T T T T T T T T T T T T T T T T T T T</td></td<>	2. Principal Place of Business 3. Mailing		3. Mailing Address		T T T T T T T T T T T T T T T T T T T	
Zip       Country       Zip       Country       Storadic design of the properties of the properis of the properties of the properties of the properties of the pr	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
Zp         Country         Zp         Country         5. Certificate of Status Desired	City & State		City & State			
	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	
Street Address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Number is Not Acceptable)     City     FL     Zip Code     City     Signatume, type Code     Zip     Zip Code     Zip     Zip Code     Signatume, type Code     Zip     Zip		6. Name and Address of Current F	Registered Agent	Name		
City FL Zip Code  City City City City City City City City	•			Street Addres	s (P.O. Box Number is Not Acceptable)	
Che above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Jiam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 After May 17, 200 Deficers AND DirecTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition After May 18, 2004 Fee May 18, 20	MIAMI FL 33162					
SIGNATURE Signature, types or printed name of registered agent and lite / applicable. INOTE: Registered Agent signature relived when reinstance)  THE Signature, types or printed name of registered agent and lite / applicable. INOTE: Registered Agent signature relived when reinstance)  THE Signature, types or printed name of registered agent and lite / applicable. INOTE: Registered Agent signature relived when reinstance)  THE Signature, types or printed name of registered agent and lite / applicable. INOTE: Registered Agent signature relived when reinstance)  THE Signature, types or printed name of registered agent and lite / applicable. INOTE: Registered Agent signature relived when reinstance)  THE Signature, types or printed name of registered agent and lite / applicable. INOTE: Registered Agent signature relived when reinstance)  THE Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed name of registered agent and lite / applicable. INI: Signature, types or printed Name Signature, types or pr	0 The show		· · · · · · · · · · · · · · · · · · ·			
Signifies: Specific private private dayset and tills if applicable.     (HOTE: Registered Agert significancing)     THE     FILE NOW[1]: FEE IS \$150.00     After failing 1, 2003 Fee will be \$550.00     Make Check Payable to Florida Department of State     10.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     MALE     P     MALEAN, AUDREYA     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     MALE     MALEAN, AUDREYA     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     MALE     MALEAN, AUDREYA     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     MALE     MALEAN, AUDREYA     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     MALE     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     11.     MALE     STRET ADDRESS     CTIV-ST-2P     MAMI BEACH FL 33141     CTIV-ST-2P     MIAMI	the obligation	tions of registered agent.	the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. 1 am familiar with, and accept	
After May 7, 2003 Fee with be \$55.00 - Make       \$5.00 - May 6e         Make Check Payable to Florida Department of State       Trust Fund Contribution.       \$5.00 - May 6e         Make Check Payable to Florida Department of State       Trust Fund Contribution.       Added to Foes         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         ITTLE       P       Deele       ThLE       Addition         MAKE STREET ADDRESS G770 INDIAN CREEK DRIVE, #7P       Deele       ThLE       MAKE         MAME       MAKE       Deele       ThLE       Addition         MAKE       MAKE       Deele       ThLE       Addition         MAKE       MAKE       STRET ADDRESS G770 INDIAN CREEK DRIVE, #7P       Change       Addition         STRET ADDRESS G770 INDIAN CREEK DRIVE, #7P       ThLE       MAKE       Change       Addition         MAKE       STRET ADDRESS G770 INDIAN CREEK DRIVE, #7P       ThE ADDRESS G770 INDIAN CREEK DRIVE, #7P       ThLE       MAKE       Change       Addition         MAKE       STRET ADDRESS G770 INDIAN CREEK DRIVE, #7P       ThE ADDRESS G770 INDIAN CREEK DRIVE, #7P       ThLE       MAKE       Change       Addition         MAKE       Deele       ThLE       MAKE       Change       Addition	SIGNATURE		d title if applicable. (NOT	E: Registered Agent signature requ	red when reinstating) DATE	
ITLE     P     ITLE     ADDITIONS/CHANGES TO CHECKIS IN 11       INAME     MCLEAN, AUDREYA     Delete     THE       NAME     STRET ADDRESS     G770 INDIAN CREEK DR, APT #7P     STRET ADDRESS       ITTLE     VP     Delete     THE       NAME     STRET ADDRESS     G770 INDIAN CREEK DR, APT #7P     Inter ADDRESS       ITTLE     VP     Delete     THE       NAME     STRET ADDRESS     G770 INDIAN CREEK DRIVE, #7P     Inter ADDRESS       CITY-ST-2P     MIAMI BEACH FL 33141     CITY-ST-2P       MIAME     STRET ADDRESS     G770 INDIAN CREEK DRIVE, #7P     STRET ADDRESS       CITY-ST-2P     MIAMI BEACH FL 33141     CITY-ST-2P       MIAME     STRET ADDRESS     CITY-ST-2P       MAME     STRET ADDRESS     CITY-ST-2P       MAME     STRET ADDRESS     CITY-ST-2P       MIAMI BEACH FL 33141     CITY-ST-2P       MAME     STRET ADDRESS     CITY-ST-2P       MAME     STRET ADDRESS     CITY-ST-2P       MIAMI BEACH FL 33141     Delete     THE       NAME     STRET ADDRESS     CITY-ST-2P       MAME     STRET ADDRESS     CITY-ST-2P       MIAMI BEACH FL 33141     Delete     THE       TITE     THE     Change     Addition       ST	Afte	r May 1, 2003 Fee will be \$550.00		ست ایشت بیر چراجمه د		
NAME     MCLEAN, AUDREYA     MAME       STREET ADDRESS     6770 INDIAN CREEK DR, APT #7P     STREET ADDRESS       CITY-ST-2P     MIAMI BEACH FL 33141     CITY-ST-2P       NAME     VP     Delete     ITTLE       NAME     MCCLEAN, CLAUDIA     STREET ADDRESS       STREET ADDRESS     G770 INDIAN CREEK DRIVE, #7P     ITTLE       NAME     MCCLEAN, CLAUDIA     NAME       STREET ADDRESS     G770 INDIAN CREEK DRIVE, #7P     STREET ADDRESS       GTTY-ST-2P     MIAMI BEACH FL 33141     CITY-ST-2P       NAME     SCLEAN, DIANA     TITLE       NAME     MCCLEAN, DIANA     Indiane       STREET ADDRESS     G770 INDIAN CREEK DRIVE, #7P     STREET ADDRESS       GTTY-ST-2P     MIAMI BEACH FL 33141     CITY-ST-2P       NAME     MCCLEAN, LISIA     Indiane       NAME     TITLE     MIAMI BEACH FL 33141     CITY-ST-2P       MIAMI BEACH FL 33141     CITY-ST-2P     Indiane     Addition       NAME     TITLE     MAME     STREET ADDRESS     CITY-ST-2P       MIAMI BEACH FL 33141     CITY-ST-2P     CITY-ST-2P     CITY-ST-2P       MIAME     TITLE     MAME     STREET ADDRESS     CITY-ST-2P       MIAME     CLAN, LISIA     TITLE     MAME     STREET ADDRESS     CITY-ST-2P		T		11.		
Michael Anderson     Michael Anderson     Michael Anderson     Michael Anderson       STRET ADDRESS     GT70 INDIAN CREEK DRIVE, #7P     Intle     Intle     Addition       NAME     MCCLEAN, DIANA     Delete     Intle     Intle     Addition       STRET ADDRESS     MCCLEAN, DIANA     Intle     NAME     Intle     Addition       STRET ADDRESS     MCCLEAN, DIANA     Intle     NAME     Intle     Addition       STRET ADDRESS     CITY-ST-ZIP     MIAMI BEACH FL 33141     CITY-ST-ZIP     Intle     Addition       NAME     MCCLEAN, LISIA     Intle     Intle     Intle     Addition       NAME     MCCLEAN, LISIA     Intle     Intle     Addition       STRET ADDRESS     GT70 INDIAN CREEK DRIVE, #7P     Intle     Intle     Addition       NAME     MCCLEAN, LISIA     Intle     Intle     Addition       STRET ADDRESS     GT70 INDIAN CREEK DRIVE, #7P     STRET ADDRESS     Intle     Addition       NAME     STRET ADDRESS     GT70 INDIAN CREEK DRIVE, #7P     Intle     Intle     Addition       NAME     STRET ADDRESS     GT70 INDIAN CREEK DRIVE, #7P     Intle     Intle     Intle       NAME     STRET ADDRESS     GT70 INDIAN CREEK DRIVE, #7P     Intle     Intle     Intle    <	NAME STREET ADDRESS	MCLEAN, AUDREYA 6770 INDIAN CREEK DR, APT #7F		NAME STREET ADDRESS	Change Addition Change Addition Addition Change Addition	
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of the corporation or the regiver or trusted empowered to execute this report as required by Chanter 607 Elevice and their and eunder oath, that I am an officer or director	NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP		
	of the corp	poration or the receiver or trustee empower	ered to execute this report a			