

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000015953

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** EMPIRE MEDICAL TRAINING, INC.

**Current Principal Place of Business:**

101 NE 3RD AVENUE, STE #1430  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

2720 EAST OAKLAND PARK BOULEVARD  
SUITE #102  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

101 NE 3RD AVENUE, STE #1430  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

2720 EAST OAKLAND PARK BOULEVARD  
SUITE #102  
FORT LAUDERDALE, FL 33306

**FEI Number:** 43-1957426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHEN, COSENTINO C PRES  
101 NE 3RD AVENUE, STE #1430  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

STEPHEN, COSENTINO C PRES  
2720 EAST OAKLAND PARK BOULEVARD #102  
FORT LAUDERDALE, FL 33306 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: STEPHEN COSENTINO

06/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: COSENTINO, STEPHEN C  
Address: 2720 EAST OAKLAND PARK BOULEVARD, #102  
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby 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 all other like empowered.

SIGNATURE: DR. STEPHEN COSENTINO

PRES

06/17/2010

Electronic Signature of Signing Officer or Director

Date