

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144513

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PROFESSIONAL MEDICAL TRAINING INC.

## Current Principal Place of Business:

4534 DONSON WAY  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

211 BERENGER WALK  
WELLINGTON, FL 33414

## Current Mailing Address:

4534 DONSON WAY  
DELRAY BEACH, FL 33445

## New Mailing Address:

211 BERENGER WALK  
WELLINGTON, FL 33414

FEI Number: 57-1224973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLOSE, ANDREW  
4534 DONSON WAY  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

CLOSE, ANDREW  
211 BERENGER WALK  
WELLINGTON, FL 33414 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOEWS, STEVE  
Address: 1142 SE 3RD TERR.  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D (X) Delete  
Name: CLOSE, ANDREW  
Address: 4534 DAWSON WAY  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CLOSE, ANDREW  
Address: 211 BERENGER WALK  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANDREW CLOSE

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date