2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# P05000162672

Entity Name: NATIONAL EMERGENCY MEDICAL SERVICES TRAINING ACADEMY AND RESEARCH CENTER, INC.

Current Principal Place of Business:

C/O MICHAEL WESTON, M.D.
14340 BEDFORD COURT
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL WESTON, M.D.
14340 BEDFORD COURT
DAVIE, FL 33325

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONAGHAN, TIMOTHY E
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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: TIMOTHY E. MONAGHAN
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: WESTON, MICHAEL A M.D.
Address: 14340 BEDFORD COURT
City-St-Zip: DAVIE, FL 33325 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL A. WESTON PRES 01/10/2007
Electronic Signature of Signing Officer or Director — Date