

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000150986

FILED  
Nov 07, 2007  
Secretary of State

Entity Name: ELITE MEDICAL TRAINING, CORP.

## Current Principal Place of Business:

7599 BERKSHIRE PINES DRIVE  
NAPLES, FL 34104

## New Principal Place of Business:

## Current Mailing Address:

7599 BERKSHIRE PINES DRIVE  
NAPLES, FL 34104

## New Mailing Address:

3610 10TH AVE SE  
NAPLES, FL 34117

FEI Number: 20-8600109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE., SUITE 4  
WESTON, FL 33331 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: MEGHAN RECORD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: SCHULTZ, ANDREA  
Address: 7599 BERKSHIRE PINES DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: VS ( ) Delete  
Name: DIAZ, NOEMI  
Address: 7599 BERKSHIRE PINES DRIVE  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change ( ) Addition  
Name: FRAGUELA, NOEMI  
Address: 3610 10TH AVE SE  
City-St-Zip: NAPLES, FL 34117

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: ANDREA SCHULTZ

PT

11/07/2007

Electronic Signature of Signing Officer or Director

Date