

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150986

FILED  
Apr 27, 2010  
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:

3610 10TH AVE SE  
NAPLES, FL 34117

## New Mailing Address:

8595 COLLIER BLVD STE 107  
PMB-14  
NAPLES, FL 34114

FEI Number: 20-8600109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRAGUELA, NOEMI I  
3610 10 AVE SE  
NAPLES, FL 34117 US

## Name and Address of New Registered Agent:

FRAGUELA, NOEMI I  
8595 COLLIER BLVD STE 107  
PMB-14  
NAPLES, FL 34114 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: NOEMI I. FRAGUELA

04/27/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VS  
Name: FRAGUELA, NOEMI I  
Address: 8595 COLLIER BLVD STE 107-14  
City-St-Zip: NAPLES, FL 34114

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: NOEMI I. FRAGUELA

VS

04/27/2010

Electronic Signature of Signing Officer or Director

Date