2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P07000053242

Entity Name: SOUTH FLORIDA MEDICAL TRAINING, INC.

Current Principal Place of Business:

834 CRYSTAL LAKE DR.
POMPANO BEACH, FL 33064

New Principal Place of Business:

4001 NW 115TH TER,
SUNRISE, FL 33323

Current Mailing Address:

834 CRYSTAL LAKE DR.
POMPANO BEACH, FL 33064 US

New Mailing Address:

4001 NW 115TH TER,
SUNRISE, FL 33323

FEI Number: 20-8972929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABITA, MICHAEL V
834 CRYSTAL LAKE DR.
POMPANO BEACH, FL 33064 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LABITA, MICHAEL V
Address: 834 CRYSTAL LAKE DR.
City-St-Zip: POMPANO BEACH, FL 33064 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LABITA, MICHAEL V
Address: 4001 NW 115TH TER.
City-St-Zip: SUNRISE, FL 33323 US

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: MICHAEL LABITA P 03/19/2009

Electronic Signature of Signing Officer or Director — Date