2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2012
Secretary of State

DOCUMENT# P08000018711

Entity Name: KEYS EMERGENCY MEDICAL TRAINING INSTITUTE INC.

Current Principal Place of Business:

819 PEACOCK PLAZA, #571
KEY WEST, FL 33040

New Principal Place of Business:

27320 ST CROIX LN
RAMROD KEY, FL 33042

Current Mailing Address:

819 PEACOCK PLAZA, #571
KEY WEST, FL 33040

New Mailing Address:

27320 ST CROIX LN
RAMROD KEY, FL 33042

FEI Number: 22-3976536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

OFFICERS AND DIRECTORS:

Title: PD
Name: SIMONAIITIS, STEVEN J
Address: 27320 ST CROIX LN
City-St-Zip: RAMROD KEY, FL 33042

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: STEVEN J SIMONAITIS PD 08/06/2012

Electronic Signature of Signing Officer or Director — Date