2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 16, 2014
Secretary of State

DOCUMENT# P12000026552

Entity Name: ALLIED MEDICAL TRAINING CENTER, INC

Current Principal Place of Business:

5475 LEE STREET
302
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

5475 LEE STREET
302
LEHIGH ACRES, FL 33971

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:

GUERRIER, TANIA
5475 LEE STREET
302
LEHIGH ACRES, FL 33971 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: TANIA GUERRIER
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: GUERRIER, TANIA
Address: 5475 LEE STREET SUITE 302
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP
Name: CASTOR, YVES
Address: 5475 LEE STREET SUITE 302
City-St-Zip: LEHIGH ACRES, FL 33971 US

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: TANIA GUERRIER P 01/16/2014
Electronic Signature of Signing Officer or Director Date