2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90006 044 ***158.75

DOCUMENT # P98000105036

Entity Name

FLORIDA MEDICAL TRAINING INSTITUTE, INC

Principal Place of Business

4400 W SAMPLE RD
#134
COCONUT CREEK, FL
33073

Mailing Address

655668

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
4400 W SAMPLE RD	2470 SKI LANE
Suite, Apt. #, etc.: 134	Suite, Apt. #, etc.
City & State: COCONUT CREEK, FL	City & State: MALABAR, FL
Zip: 33073 Country: BROWARD	Zip: 32950 Country: BREVARD

4. FEI Number: 59-3549963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT SCHEIN 2470 SKI LANE MALABAR, FL 32950	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: SCOTT A. SCHEIN 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SCOTT A. SCHEIN 2470 SKI LANE MALABAR, FL 32950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ANTONIO GANDIA 2470 SKI LANE MALABAR, FL 32950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANTONIO GANDIA 2470 SK. LN MALABAR, FL 32950 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT PATRICK MURTHA 2470 ~~MALABAR~~ SKI LN MALABAR, FL 32950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATRICK MURTHA 2470 SKI LN MALABAR, FL 32950 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECT./TREASURE DEBBIE KICINSKI 2470 SKI. LN MALABAR, FL 32950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECT/TREASURE DEBBIE KICINSKI 2470 SKI LN MALABAR, FL 32950 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A. SCHEIN PRESIDENT/CEO 4/25/00 (800)646-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #