

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 098000105036

Entity Name

FLORIDA MEDICAL TRAINING Institute, INC

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90006 044 ***158.75

Principal Place of Business
4400 W Sample RD
#134
COCONOT CREEK FL
33073

Mailing Address

3. Mailing Address
2470 SKI LANE
Suite, Apt. #, etc.

655668

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4400 W SAMPLE RD
Suite, Apt. #, etc.
134

City & State
COCONOT CREEK, FL

City & State
MALABAR, FL

4. FEI Number
59-3549963

Applied For
Not Applicable

Zip
33073

Country
BROWARD

Zip
32950

Country
BREVARD

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

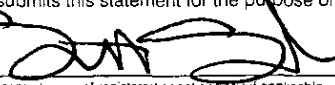
Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/00
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 SKI LN MALABAR, FL 32950	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PATRICK MURTHA 2470 SKI LANE 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./TREASURER DEBBIE KILINSKI 2470 SKI LN MALABAR, FL 32950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT./TREASURER DEBBIE KILINSKI 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT A. SCHEIN President/CEO

4/25/00
Date

(888)646-0977
Daytime Phone #

CR2E034 (9/99)