

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105036

1. Entity Name

FLORIDA MEDICAL TRAINING Institute, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90130 002 ***158.75

Principal Place of Business
4400 W. SAMPLE RD
COCONUT CREEK FL
33073

Mailing Address
129 W. Hibiscus BLVD
SUITE M
Melbourne, FL 32901

2. Principal Place of Business
4400 W SAMPLE RD

3. Mailing Address
129 W Hibiscus BLVD

Suite, Apt. #, etc.
UNIT 134

Suite, Apt. #, etc.
SUITE M

City & State
COCONUT CREEK, FL 33073

City & State
Melbourne, FL

Zip
33073

Country
BROWARD

Zip
32901

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
SCOTT SCHEIN
129 W Hibiscus BLVD
SUITE M
Melbourne, FL 32901

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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 _____
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, 2001 Fee will be \$550.00
State Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GANDIA, ANTONIO 129 W Hibiscus BLVD SUITE M Melbourne, FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURTHA, PATRICK 129 W Hibiscus BLVD SUITE M Melbourne, FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KICINSKI, Debbie	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 4/23/01 (321) 953-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)