

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105036

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: FLORIDA MEDICAL TRAINING INSTITUTE, INC.

## Current Principal Place of Business:

4400 W SAMPLE RD  
UNIT 134  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

129 W HIBISCUS BLVD  
STE M  
MELBOURNE, FL 32901

## New Mailing Address:

478 BALLARD DR  
MELBOURNE, FL 32935

FEI Number: 59-3549963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCHEIN, SCOTT  
129 W HIBISCUS BLVD  
STE M  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

SCHEIN, SCOTT  
478 BALLARD DR  
MELBOURNE, FL 32935 US

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 SCHEIN

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: GANDIA, ANTONIO  
Address: 129 W HIBISCUS BLVD STE M  
City-St-Zip: MELBOURNE, FL 32901

Title: VP ( ) Delete  
Name: MURTHA, PATRICK  
Address: 129 W HIBISCUS BLVD STE M  
City-St-Zip: MELBOURNE, FL 32901

Title: S/T ( ) Delete  
Name: MCGRATH, WILLIAM  
Address: 129 W HIBISCUS BLVD STE M  
City-St-Zip: MELBOURNE, FL 32901

Title: P (X) Delete  
Name: SCHEIN, SCOTT A  
Address: 129 W HIBISCUS BLVD STE M  
City-St-Zip: MELBOURNE, FL 32901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: GANDIA, ANTONIO  
Address: 478 BALLARD DR  
City-St-Zip: MELBOURNE, FL 32935

Title: S/T (X) Change ( ) Addition  
Name: MCGRATH, WILLIAM  
Address: 478 BALLARD DR  
City-St-Zip: MELBOURNE, FL 32935

Title: P (X) Change ( ) Addition  
Name: SCHEIN, SCOTT A  
Address: 478 BALLARD DR  
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT SCHEIN

P

01/21/2005

Electronic Signature of Signing Officer or Director

Date