

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105036

FILED
Feb 08, 2006
Secretary of State

Entity Name: FLORIDA MEDICAL TRAINING INSTITUTE, INC.

Current Principal Place of Business:

7902 NW 36 STREET, STE 214-215
MIAMI, FL 33166

New Principal Place of Business:

478 BALLARD DR
MELBOURNE, FL 32935

Current Mailing Address:

478 BALLARD DRIVE
MELBOURNE, FL 32935

New Mailing Address:

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
478 BALLARD DR
MELBOURNE, FL 32935 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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Delete
Name: MURTHA, PATRICK
Address: 129 W. HIBISUCS BLVD., SUITE M
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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

02/08/2006

Electronic Signature of Signing Officer or Director

Date