2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105036

Entity Name: FLORIDA MEDICAL TRAINING INSTITUTE, INC.

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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478 BALLARD DR 478 N BABCOCK ST MELBOURNE, FL 32935 MELBOURNE, FL 32935

Current Mailing Address: New Mailing Address:

478 BALLARD DRIVE 478 N BABCOCK ST MELBOURNE, FL 32935 MELBOURNE, FL 32935

FEI Number: 59-3549963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHEIN, SCOTT

478 BALLARD DR

MELBOURNE, FL 32935 US

SCHEIN, SCOTT

478 N BABCOCK ST

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 01/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition Name: GANDIA, ANTONIO Name: GANDIA, ANTONIO Address: 478 BALLARD DR Address: 478 N BABCOCK ST

City-St-Zip: MELBOURNE, FL 32935 Address. 478 N BABCOCK ST City-St-Zip: MELBOURNE, FL 32935

 Title:
 S/T
 () Delete
 Title:
 S/T
 (X) Change () Addition

 Name:
 MCGRATH, WILLIAM
 Name:
 MCGRATH, WILLIAM

 Address:
 478 BALLARD DR
 Address:
 478 N BABCOCK ST

City-St-Zip: MELBOURNE, FL 32935 Address: 476 N BABCOCK S1
City-St-Zip: MELBOURNE, FL 32935

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SCHEIN, SCOTT A
 Name:
 SCHEIN, SCOTT A

 Address:
 478 BALLARD DR
 Address:
 478 N BABCOCK ST

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

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 PRES 01/12/2007