2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000021047 1. Entity Name UNITED MEDICAL TRAINING, INC.				3) 9			
Principal Place	a of Rusiness	Mailing Address			03-02-2000 90193 042 ***150.00)	
Principal Place of Business 2331 NW 98TH WAY CORAL SPRINGS FL 33065		2331 NW 98TH WAY CORAL SPRINGS FL 33065-4958					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0923498 Applied Not App		
Zip	Country	Zip	Country		Certificate of Status Desired Status Desired Status Desired Status Desired Certificate of Status Desired Status		
	6. Name and Address of Current R	egistered Agent	<u> </u>	7.	Name and Address of New Registered Agent		
BOC	CORPORATE BLVD.,N.W., STE.407 A RATON FL 33431 named entity submits this statement for		Sch	ever n R	Box Number is, Not Acceptable) to Mc. Ed., Internat'l Placa Attornat I Placa Gent, or both, in the State of Florida.	3	
SIGNATURE	Signature, typed or printer name of registered agent an	d title if applicable (NOT	E: Registered Agent signat	ure required when i	reinstaling) DATE		
	ration is eligible to satisfy its Intangible equirement and elects to do so.		III FEE IS \$150. 000 Fee will be \$ ble to Departmen	550.00	10. Election Campaign Financing \$5.00 Magged and the second s		
11.	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	12.		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1 Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHN	FITZ.GEROLD	Addition	
TITLE NAME STREET ADDRESS	<u></u>	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice TA DONNA 8901 (Decken Change & SPE.NGS, FL 33065 Decken Change & Decken Change & Deck	Addition	
CITY-ST-ZIP		Delete	TITLE	TREAS	URER Change A	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Richan 2331 N Conne	BRINGS, FL 33065	-	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	Change 🗌	Addition	
indicated	on this report or supplemental report is poration or the receiver or trustee empore or on an attachment with an address w	rue and accurate and that were d to exactly the this report	my signature shall t tas required by Chi	ted in Section have the same apter 607, Flor	119.07(3)(i), Florida Statutes. I further certify that the inform a legal effect as if made under oath; that I am an officer or di rida Statutes; and that my name appears in Block 11 or Bloc 1/29/00 (954) 752-3 Date Dayline Phone #	ation rector k 12 if 264	