# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015953

Entity Name: EMPIRE MEDICAL TRAINING, INC.

### **Current Principal Place of Business:**

2601 E OAKLAND PARK BLVD SUITE 600 FORT LAUDERDALE, FL 33306

# **Current Mailing Address:**

2601 E OAKLAND PARK BLVD SUITE 600 FORT LAUDERDALE, FL 33306 US

### FEI Number: 43-1957426

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

GREEN, MITCHELL F ESQ. 4000 HOLLYWOOD BOULEVARD SUITE 485 HOLLYWOOD, FL 33021 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.

MITCHELL F GREEN		C	2/21/2024
Electronic Signature of Registered Agent			Date
or Detail :			
MGR	Title	MGR	
COSENTINO, LORENA	Name	COSENTINO, STEPHEN C	
Address 2601 EAST OAKLAND PARK BOULEVARD SUITE #600 City-State-Zip: FORT LAUDERDALE FL 33306	Address	2601 E OAKLAND PARK BOULEV SUITE #600	ARD
	City-State-Zip:	FORT LAUDERDALE FL 33306	
	Electronic Signature of Registered Agent or Detail : IGR COSENTINO, LORENA 601 EAST OAKLAND PARK OULEVARD	Electronic Signature of Registered Agent  Title  GR  Title  OSENTINO, LORENA  Name  601 EAST OAKLAND PARK  OULEVARD UITE #600  City-State-Zip:	Electronic Signature of Registered Agent Or Detail : IGR Title MGR COSENTINO, LORENA Name COSENTINO, STEPHEN C 601 EAST OAKLAND PARK OULEVARD UITE #600 City-State-Zip: FORT LAUDERDALE FL 33306

I hereby 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 all other like empowered.

SIGNATURE: LORENA COSENTINO

VICE PRESIDENT

02/21/2024 Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes