2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000016876

1. Entity Name
AMERICAN NURSE CAREER INC.

FILED
04 DEC 30 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004 WP

Principal Place of Business	Mailing Address
~~871 W OAKLAND PARK BLVD STE 300~~ ~~FORT LAUDERDALE, FL 33311~~	~~871 W OAKLAND PARK BLVD STE 300~~ ~~FORT LAUDERDALE, FL 33311~~
2. Principal Place of Business	3. Mailing Address
11350, 66th Street. North	11350, 66th st. North.
Suite, Apt. #, etc. Suite 104.	Suite, Apt. #, etc. Suite 104
City & State LARGO - FLORIDA	City & State LARGO Florida
Zip / Country 33773 / Pinealles	Zip / Country 33773 / Pinealles

4. FEI Number
50-0003154
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOOLI, BASAVARAJ A ~~871 W OAKLAND PARK BLVD~~ ~~STE 300~~ FORT LAUDERDALE, FL 33311	Name: HOOLI BASAVARAJ. A. Street Address (P.O. Box Number is Not Acceptable): 11350, 66th Street North Suite 104 City: LARGO FL Zip Code: 33773

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 12/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HOOLI, BASAVARAJ A ~~1550 E HARMON #319~~ 316 Berkley st. ~~LAS VEGAS, NV 89119~~ Satellite Beach FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANIKOPP, MARY RN 913 FALLEN STONE CT. BEL-AIR, MD 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600043720296 12/30/04--01009--006 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANIKOPP, R B M.D. 913 FALLEN STONE CT. BEL-AIR, MD 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MUNDASAD, MOHAN BRISTOL EYE HOSPITAL BRISTOL, U.K., BS12LX	☐ 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

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/29/04 ~~SEP-35~~