2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90098 030 ***150.00

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1. Entity Name
AMERICAN NURSE CAREER INC.

50048821

Principal Place of Business	Mailing Address
11350 66TH STREET NORTH SUITE 104 LARGO, FL 33773	11350 66TH STREET NORTH SUITE 104 LARGO, FL 33773

DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

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

HOOLI, BASAVARAJ A
11350 66TH STREET NORTH
SUITE 104
LARGO, FL 33773

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HOOLI, BASAVARAJ A
STREET ADDRESS	~~310 BERKLEY ST.~~ DURDIN'S FAMILY INN 1376 HWY 69
CITY-ST-ZIP	SATELLITE BEACH, FL 32937 GRAND RIDGE FL 32442
TITLE	V
NAME	SANIKOPP, MARY RN
STREET ADDRESS	913 FALLEN STONE CT.
CITY-ST-ZIP	BEL-AIR, MD 34690
TITLE	V
NAME	SANIKOPP, R B M.D.
STREET ADDRESS	913 FALLEN STONE CT.
CITY-ST-ZIP	BEL-AIR, MD 34690
TITLE	V
NAME	MUNDASAD, MOHAN
STREET ADDRESS	BRISTOL EYE HOSPITAL
CITY-ST-ZIP	BRISTOL, U.K., BS12LX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/29/05 (850) 592-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #