

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90098 030 ***150.00

DOCUMENT # P02000016876 1. Entity Name AMERICAN NURSE CAREER INC.	
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Principal Place of Business 11350 66TH STREET NORTH SUITE 104 LARGO, FL 33773	Mailing Address 11350 66TH STREET NORTH SUITE 104 LARGO, FL 33773
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50048821



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0003154	Applied For Not Applicable
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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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**DO NOT WRITE
IN THIS SPACE**

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

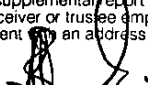
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOOLI, BASAVARAJ A 310 BERKLEY ST. <i>DR DUBDIN'S FAMILY INN</i> 1376 HWY 69 SATTELLITE BEACH, FL 32937 <i>GRAND RIDGE FL 32442</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANIKOPP, MARY RN 913 FALLEN STONE CT. BEL-AIR, MD 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANIKOPP, R B M.D. 913 FALLEN STONE CT. BEL-AIR, MD 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNDASAD, MOHAN BRISTOL EYE HOSPITAL BRISTOL, U.K., BS12LX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 (850) 592-9113
Date Daytime Phone #