

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000016876		
1. Entity Name AMERICAN NURSE CAREER INC.		

FILED

06 DEC 13 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 11350 66TH STREET NORTH SUITE 104 LARGO, FL 33773		Mailing Address 11350 66TH STREET NORTH SUITE 104 LARGO, FL 33773	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12132006 REIN-P CR2E098 (11/05)

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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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REINSTATEMENT 06

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.

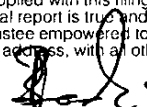
SIGNATURE:  DATE: _____

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 January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOOLI, BASAVARAJ A 1376 HWY 69 GRAND RIDGE, FL 32442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800082648408 12/19/06--01055--014 **158.50
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
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 exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR