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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93902 (9)

1. Corporation Name
MEDICAL CAREER CENTER, INC.

Principal Place of Business	Mailing Address
4700 BAYOU BLVD. BLDG #2 PENSACOLA FL 32503 US	C/O BRUCE G. CAPPS ~~4725 RIDGELAND ROAD SOUTH~~ ~~MOBILE AL 36695~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 4700 BAYOU BLVD. Suite, Apt. #, etc. 22 BUILDING #2 City & State 23 PENSACOLA, FL Zip 24 32503 Country 25 USA	2a. Mailing Address 26 4700 BAYOU BLVD. Suite, Apt. #, etc. 27 BUILDING #2 City & State 28 PENSACOLA, FL Zip 29 32503 Country 30 USA

3. Date Incorporated or Qualified 08/15/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 58-1914989	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CAPPS, BRUCE G.
4700 BAYOU BLVD.
BUILDING 2-SUITE D
PENSACOLA FL 36503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if executive (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	☒ Change ☐ Addition
NAME	CAPPS, BRUCE G.	12 NAME	
STREET ADDRESS	~~4725 RIDGELAND RD. S~~	13 STREET ADDRESS	2801 SEMORAN DR.
CITY-ST-ZIP	~~MOBILE AL~~	14 CITY-ST-ZIP	PENSACOLA, FL. 32503
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	CAPPS, BRUCE G	22 NAME	
STREET ADDRESS	~~4725 RIDGELAND RD. S~~	23 STREET ADDRESS	2801 SEMORAN DR.
CITY-ST-ZIP	~~MOBILE AL~~	24 CITY-ST-ZIP	PENSACOLA, FL. 32503
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce G. Capps BRUCE G. CAPPS, PRESIDENT 2/8/95 904-494-9784
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0471084 FP