

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93902

FILED
Jan 21, 2004
Secretary of State

Entity Name: MEDICAL CAREER CENTER, INC.

Current Principal Place of Business:

19 W GARDEN ST.
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

19 W GARDEN ST
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 58-1914989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: HORNE, KENNETH C
Address: 65 BAGBY DR.
City-St-Zip: BIRMINGHAM, AL 35209

Title: VPD () Delete
Name: KENTER, LOUIS
Address: 200 W. MADISON ST., #2710
City-St-Zip: CHICAGO, IL 60606

Title: VPD () Delete
Name: TUTTLE, RICHARD C
Address: 200 W. MADISON ST., #2710
City-St-Zip: CHICAGO, IL 60606

Title: VPD () Delete
Name: HUTTON, JAMES
Address: 65 BAGBY DR.
City-St-Zip: BIRMINGHAM, AL 35209

Title: CFOS () Delete
Name: TOLBERT, JIM
Address: 65 BAGBY DR,
City-St-Zip: BIRMINGHAM, AL 35209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM TOLBERT

CFO

01/21/2004

Electronic Signature of Signing Officer or Director

Date