## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# L93902

Title:

CFOP

( ) Delete

Entity Name: MEDICAL CAREER CENTER, INC.

FILED Oct 06, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
19 W GARDEN ST. PENSACOLA, FL 32501	US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
19 W GARDEN ST PENSACOLA, FL 32501	US			
FEI Number: 58-1914989	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Cu	ırrent Registered Agent:	Name and Address of I	New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US				
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: STEVE MI	MILLER			
Electronic	Signature of Registered Ager	nt	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	

Title:

CFO

(X) Change ( ) Addition

HORNE, KENNETH C MOORE, TOM Name: Name: 4972 HEATHER POINTE 300 RIVERHILLS Address: Address: City-St-Zip: BIRMINGHAM, AL 35242 City-St-Zip: BIRMINGHAM, AL 35242 Title: **VPD** () Delete Title: CFO (X) Change ( ) Addition Name: HUTTON, JAMES D Name: MILLER, ROGER Address: 1035 LAKE HEATHER ROAD Address: 300 RIVERHILLS BIRMINGHAM, AL 35242 BIRMINGHAM, AL 35242 City-St-Zip: City-St-Zip: Title: Title: VPD ( ) Delete () Change () Addition Name: STEIN, AVY H Name: 57 MAPLE HILL ROAD Address: Address: City-St-Zip: GLENCOE, IL 60022 City-St-Zip: Title: **VPD** () Delete Title: () Change () Addition GILL, DANIEL M Name: Name: Address: 5 INDIAN HILL ROAD Address: City-St-Zip: WINNETKA, IL 60093 City-St-Zip: Title: **CFOS** ( ) Delete Title: () Change () Addition BEYERR, JEFFREY D Name: Name: Address: 838 WILLIAM STREET Address: City-St-Zip: RIVER FOREST, IL 60305 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: STEVE M MILLER VP 10/06/2006