

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90001 039 ***550.00

DOCUMENT # L93902 1. Entity Name MEDICAL CAREER CENTER, INC.					
Principal Place of Business 19 W GARDEN ST. PENSACOLA, FL 32501 US			Mailing Address 300 RIVERHILLS BUSINESS PARK SUITE 300 BIRMINGHAM, AL 35242 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1914989	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Peter F. Souza Assistant Secretary </div> <div style="text-align: right;"> 6/9/08 </div> </div>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MOORE, TOM <input type="checkbox"/> Delete 300 RIVERHILLS BUSINESS PARK SUITE #300 BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete MILLER, ROGER 300 RIVERHILLS BUSINESS PARK SUITE #300 BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO <input type="checkbox"/> Delete SWARTZWELDER, ROGER 300 RIVERHILLS BUSINESS PARK SUITE #300 BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C10 <input checked="" type="checkbox"/> Delete MAILLETTE, CHARLES 300 RIVERHILLS BUSINESS PARK SUITE #300 BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RONALD MAILLETTE 300 RIVERHILLS BUSINESS PARK, SUITE 300 BIRMINGHAM, AL 35242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMO <input checked="" type="checkbox"/> Delete TRERWEILER, CHARLES 300 RIVERHILLS BUSINESS PARK SUITE #300 BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHARLES TRIERWEILER 300 RIVERHILLS BUSINESS PARK, SUITE 300 BIRMINGHAM, AL 35242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HUMAN RESOURCES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL WILLIAMS 300 RIVERHILLS BUSINESS PARK, SUITE 300 BIRMINGHAM, AL 35242	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/08

Date

(205) 329-7865

Daytime Phone #