

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93902

FILED
Feb 20, 2011
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:

3660 GRANDVIEW PARKWAY
SUITE 300
BIRMINGHAM, AL 35243 US

New Mailing Address:

FEI Number: 58-1914989 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
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

OFFICERS AND DIRECTORS:

Title: CEO
Name: MOORE, TOM
Address: 3660 GRANDVIEW PARKWAY, SUITE 300
City-St-Zip: BIRMINGHAM, AL 35243

Title: COO
Name: MILLER, ROGER
Address: 3660 GRANDVIEW PARKWAY, SUITE 300
City-St-Zip: BIRMINGHAM, AL 35243

Title: CCO
Name: SWARTZWELDER, ROGER
Address: 3660 GRANDVIEW PARKWAY, SUITE 300
City-St-Zip: BIRMINGHAM, AL 35243

Title: CIO
Name: MALLETTE, RONALD
Address: 3660 GRANDVIEW PARKWAY, SUITE 300
City-St-Zip: BIRMINGHAM, AL 35243

Title: CMO
Name: TRIERWEILER, CHARLES
Address: 3660 GRANDVIEW PARKWAY, SUITE 300
City-St-Zip: BIRMINGHAM, AL 35243

Title: CFO
Name: BOEHM, CHRIS
Address: 3660 GRANDVIEW PARKWAY, SUITE 300
City-St-Zip: BIRMINGHAM, AL 35243

I hereby 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 all other like empowered.

SIGNATURE: RYAN W. BREWER

VP

02/20/2011

Electronic Signature of Signing Officer or Director

Date