

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030539

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** MEDICAL CAREER PLACEMENT & STAFFING, INC.

**Current Principal Place of Business:**

1024 VANNESSA DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1024 VANNESSA DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 26-2278351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTILLANA, SHIRLEY  
1024 VANNESSA DRIVE  
OVIEDO, FL 32765 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:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P ( ) Change (X) Addition  
**Name:** SANTILLANA, SHIRLEY  
**Address:** 1024 VANNESSA DR  
**City-St-Zip:** OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify 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:** SHIRLEY SANTILLANA

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04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date