

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L93902

**Entity Name:** MEDICAL CAREER CENTER, INC.**Current Principal Place of Business:**19 W GARDEN ST.  
PENSACOLA, FL 32501**Current Mailing Address:**3660 GRANDVIEW PARKWAY  
SUITE 300 ATTN: LICENSING  
BIRMINGHAM, AL 35243 US**FEI Number:** 58-1914989**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CEO
Name	MOORE, THOMAS A JR.
Address	3660 GRANDVIEW PARKWAY, SUITE 300
City-State-Zip:	BIRMINGHAM AL 35243

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

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

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

Title	PRESIDENT AND CHIEF OPERATING OFFICER
Name	LENART, DEBORAH
Address	3660 GRANDVIEW PARKWAY, SUITE 300
City-State-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:** THOMAS A. MOORE, JR.

CEO

01/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date