

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743372

FILED
Apr 27, 2009
Secretary of State

Entity Name: CAPITAL HEALTH PLAN, INC.

Current Principal Place of Business:

2140 CENTERVILLE PLACE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 15349
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-1830622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, JOHN
2140 CENTERVILLE PLACE
TALLAHASSEE, FL 32308 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: D () Delete
Name: SHEEDY, J B
Address: 1632 RIGGINS RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: COBURN, DAVID K
Address: 3427 DERBYSHIRE COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: BARRON, TOM
Address: PO BOX 900
City-St-Zip: TALLAHASSEE, FL 32302

Title: PD () Delete
Name: BOUTWELL, W K
Address: 2123 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: SCHMELING, WINIFRED H
Address: 2516 CHAMBERLIN DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: AUSLEY, DUBOSE
Address: PO BOX 391
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SCHMELING, WINIFRED H
Address: 2516 CHAMBERLIN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HOGAN

CEO

04/27/2009

Electronic Signature of Signing Officer or Director

Date