

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000001798 (4)**

1. Corporation Name  
**AMERICAN HEALTH CAPITAL, INC.**



Principal Place of Business: **433 E. LAS COLINAS BLVD., STE. 900 IRVING TX 75039**  
 Mailing Address: **433 E. LAS COLINAS BLVD., STE. 900 IRVING TX 75039**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/08/1997**

21	2. Principal Place of Business	26	2a. Mailing Address
	<b>800 W. AIRPORT Fwy</b>		<b>800 W. AIRPORT Fwy</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
	<b>1100</b>		<b>1100</b>
23	City & State	28	City & State
	<b>IRVING, TX</b>		<b>IRVING, TX</b>
24	Zip	29	Zip
	<b>75062</b>		<b>75062</b>
25	Country	30	Country
	<b>USA</b>		<b>USA</b>

4. FEI Number	Applied For
<b>75-2310472</b>	<input type="checkbox"/> Not Applicable
6. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CITP</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, THOMAS W</b>	
STREET ADDRESS	<b>433 E. LAS COLINAS BLVD., STE. 900</b>	
CITY-ST-ZIP	<b>IRVING TX 75039</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, JOHN F</b>	
STREET ADDRESS	<b>433 E. LAS COLINAS BLVD., STE. 900</b>	
CITY-ST-ZIP	<b>IRVING TX 75039</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>DONOVAN, MINDA</b>	
STREET ADDRESS	<b>433 E. LAS COLINAS BLVD., STE. 900</b>	
CITY-ST-ZIP	<b>IRVING TX 75039</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RYAN, J. RICHARD</b>	
STREET ADDRESS	<b>433 E. LAS COLINAS BLVD., STE. 900</b>	
CITY-ST-ZIP	<b>IRVING TX 75039</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKS, ALLEN M</b>	
STREET ADDRESS	<b>433 E. LAS COLINAS BLVD., STE. 900</b>	
CITY-ST-ZIP	<b>IRVING TX 75039</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>CITP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>REED, THOMAS W.</b>	
1.3 STREET ADDRESS	<b>433 E. LAS COLINAS BLVD STE 900</b>	
1.4 CITY-ST-ZIP	<b>IRVING, TX 75039 - 800 W. AIRPORT Fwy</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>800 W. AIRPORT Fwy #1100</b>	
2.3 STREET ADDRESS	<b>IRVING, TX 75062</b>	
2.4 CITY-ST-ZIP	<b>IRVING, TX 75062</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>800 W. AIRPORT Fwy #1100</b>	
3.3 STREET ADDRESS	<b>IRVING, TX 75062</b>	
3.4 CITY-ST-ZIP	<b>IRVING, TX 75062</b>	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>800 W. AIRPORT Fwy #1100</b>	
4.3 STREET ADDRESS	<b>IRVING, TX 75062</b>	
4.4 CITY-ST-ZIP	<b>IRVING, TX 75062</b>	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>800 W. AIRPORT Fwy #1100</b>	
5.3 STREET ADDRESS	<b>IRVING, TX 75062</b>	
5.4 CITY-ST-ZIP	<b>IRVING, TX 75062</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*Thomas Reed*

**2-12-98**

CR2E034 (10/97)