

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001798

1. Entity Name
AMERICAN HEALTH CAPITAL, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90106 008 ***150.00

Principal Place of Business	Mailing Address
800 W AIRPORT FWY SUITE 1100 IRVING TX 75062 US	800 W AIRPORT FWY SUITE 1100 IRVING TX 75062 US

2. Principal Place of Business	3. Mailing Address
2230 J+L BLVD Suite, Apt. #, etc. SUITE 2 City & State NAPLES, FLORIDA Zip 34109 Country COLLIER	2230 J+L BLVD Suite, Apt. #, etc. SUITE 2 City & State NAPLES, FLORIDA Zip 34109 Country COLLIER



DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2310472** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

6. Name and Address of Current Registered Agent

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

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CTPD	<input type="checkbox"/> Delete
NAME	REED, THOMAS W	
STREET ADDRESS	800 W AIRPORT FWY SUITE 900 2230 J+L BLVD	
CITY-ST-ZIP	IRVING TX 75062 NAPLES, FLORIDA 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, JOHN F	
STREET ADDRESS	800 W AIRPORT FWY SUITE 1100 2230 J+L BLVD	
CITY-ST-ZIP	IRVING TX 75062 NAPLES, FLORIDA 34109	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DONOVAN, MINDA	
STREET ADDRESS	800 W AIRPORT FWY SUITE 1100 2230 J+L BLVD	
CITY-ST-ZIP	IRVING TX 75062 NAPLES, FLORIDA 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, J. RICHARD	
STREET ADDRESS	800 W AIRPORT FWY SUITE 1100 2230 J+L BLVD	
CITY-ST-ZIP	IRVING TX 75062 NAPLES, FLORIDA 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, ALLEN M	
STREET ADDRESS	800 W AIRPORT FWY SUITE 1100 2230 J+L BLVD	
CITY-ST-ZIP	IRVING TX 75062 NAPLES, FLORIDA 34109	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas W Reed **THOMAS W REED** Date: **2-29-00** Daytime Phone # _____

CR2E034 (9/99)