2001 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2001 8:00 am Secretary of State DOCUMENT # F9700001798 AMERICAN HEALTH CAPITAL, INC. 03-22-2001 90067 025 ***150.00 Mailing Address Principal Place of Business 2230 J & L BLVD 2230 J & L BLVD ひしひかひかがひ STE 2 STE 2 NAPLES FL 34109 NAPLES FL 34109 U\$ 3. Mailing Address 2. Principal Place of Business 0510 Bowleward Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 75-2310472 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition CTPD TITI F TITLE ☐ Delete REED, THOMAS W NAME NAME 223 J & CBLVD STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Change ☐ Addition TITLE TITLE REED, JOHN F NAME NAME 2230 J & C BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Change ☐ Addition - VSD --Delete --TITLE -TITLE DONOVAN, MINDA NAME NAME STREET ADDRESS STREET ADDRESS 2230 J & LBLVD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Change ☐ Addition D ☐ Delete TITLE TITLE RYAN, J. RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 2230 J & CBLVD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Delete TITLE Change ☐ Addition TITLE HICKS, ALLEN M NAME NAME STREET ADDRESS STREET ADDRESS 2230 J & L'BLVD CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34109 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

FILED