

APR. 23. 2004 4:46PM

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90262 039 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F97000001798



1. Entity Name
AMERICAN HEALTH CAPITAL, INC.

94076112

Principal Place of Business
1890 SW HEALTH PKWY
NAPLES, FL 34109 US

Mailing Address
1890 SW HEALTH PKWY
NAPLES, FL 34109 US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
104 Mahogany Drive
Suite, Apt. #, etc.

04232004 Clrg-F CR2E034 (10/03)

City & State
Naples, Florida

City & State
Naples, Florida

Zip Country
34108 USA

4. FEI Number
75-2310472

Applied For
Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg. Agent's signature required when rechartering) DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTPD REED, THOMAS W 1890 SW HEALTH PKWY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD DONOVAN, MINDA 1890 SW HEALTH PKWY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, J. RICHARD 1890 SW HEALTH PKWY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, ALLEN M 1890 SW HEALTH PKWY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REED, CHRISTOPHER T 1890 SW HEALTH PKWY NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Thomas W. Reed, President 04/30/04 230,602,0022