

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001798

FILED
Apr 28, 2006
Secretary of State

Entity Name: AMERICAN HEALTH CAPITAL, INC.

Current Principal Place of Business:

1890 SW HEALTH PKWY
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

18 WOODSIDE DRIVE
NEW CITY, NY 10956 US

New Mailing Address:

FEI Number: 75-2310472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CTPD () Delete
Name: REED, THOMAS W
Address: 1890 SW HEALTH PKWY
City-St-Zip: NAPLES, FL 34109

Title: SVSD () Delete
Name: DONOVAN, MINDA
Address: 1890 SW HEALTH PKWY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: RYAN, J. RICHARD
Address: 1890 SW HEALTH PKWY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: HICKS, ALLEN M
Address: 1890 SW HEALTH PKWY
City-St-Zip: NAPLES, FL 34109

Title: DVP () Delete
Name: REED, CHRISTOPHER T
Address: 1890 SW HEALTH PKWY
City-St-Zip: NAPLES, FL

Title: SVP () Delete
Name: TAYLOR, ROBERT W
Address: 18 WOODSIDE DRIVE
City-St-Zip: NEW CITY, NY 10956

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
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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. TAYLOR

SVP

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date