

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001798

FILED  
Mar 26, 2007  
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 DRIIVE  
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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: THOMAS W. REED

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03/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date