

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90233 014 \*\*\*150.00

0637408 AV

DOCUMENT # **F97000001798**

1. Entity Name  
**AMERICAN HEALTH CAPITAL, INC.**



Principal Place of Business  
~~2230 J & C BLVD~~  
**STE 2**  
**NAPLES FL 34109**  
**US**

Mailing Address  
~~2230 J & C BLVD~~  
**STE 2**  
**NAPLES FL 34109**  
**US**



2. Principal Place of Business  
**1890 SW Health Pkwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Naples, FL**  
Zip  
**34109** Country  
**USA**

City & State  
**Same**  
Zip  
**Same** Country  
**USA**

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

5. Certificate of Status Desired  **\$8.75 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5:00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTPD</b> <b>REED, THOMAS W</b> <del><b>2230 J &amp; L BLVD</b></del> <del><b>NAPLES FL 34109</b></del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>DONOVAN, MINDA</b> <del><b>2230 J &amp; L BLVD</b></del> <del><b>NAPLES FL 34109</b></del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYAN, J. RICHARD</b> <del><b>2230 J &amp; L BLVD</b></del> <del><b>NAPLES FL 34109</b></del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HICKS, ALLEN M</b> <del><b>2230 J &amp; L BLVD</b></del> <del><b>NAPLES FL 34109</b></del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTPD</b> <b>Reed Thomas W</b> <b>1890 SW Health Pkwy</b> <b>Naples, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP SD</b> <b>DONOVAN, MINDA</b> <b>1890 SW Health Pkwy</b> <b>Naples, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYAN, J. RICHARD</b> <del><b>2230 J &amp; L BLVD</b></del> <del><b>Naples, FL</b></del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hicks, Allen M</b> <b>1890 SW Health Pkwy</b> <b>Naples, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Reed, T. Christopher</b> <b>1890 SW Health Pkwy</b> <b>Naples, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/03** Daytime Phone # **239 593 4933**

CR2E034 (10/02)