

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

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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	CTPD REED, THOMAS W 2230 J & L BLVD NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DONOVAN, MINDA 2230 J & L BLVD NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, J. RICHARD 2230 J & L BLVD NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, ALLEN M 2230 J & L BLVD NAPLES FL 34109 <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	CTPD Reed Thomas W 1890 SW Health Pkwy Naples, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SD DONOVAN, MINDA 1890 SW Health Pkwy Naples, FL <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 <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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REED, T. CHRISTOPHER 1890 SW Health Pkwy Naples, FL <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)