

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90130 031 \*\*\*150.00

**DOCUMENT # P01000025439**

1. Entity Name  
**CAPTIVA HEALTHCARE MANAGEMENT, INC.**



Principal Place of Business  
**801 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601**

Mailing Address  
**801 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601**

**54053270**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**32-0002542**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WOODRUFF, RANDALL K  
801 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601**

**DO NOT WRITE  
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PAGIDIPATI, DEVAIAH  
2955 SE THIRD COURT  
OCALA, FL 34471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PAGIDIPATI, SIDDHARTHA  
2910 SW 7TH AVE  
OCALA, FL 34474**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WOODRUFF, RANDALL  
801 S BROAD STREET  
BROOKSVILLE, FL 34601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Randall Woodruff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #