

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025439

FILED
Apr 24, 2007
Secretary of State

Entity Name: CAPTIVA HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

801 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

801 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 32-0002542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRUFF, RANDALL K
801 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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: D () Delete
Name: PAGIDIPATI, DEVAIAH
Address: 2955 SE THIRD COURT
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: PAGIDIPATI, SIDDHARTHA
Address: 2910 SW 7TH AVE
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: WOODRUFF, RANDALL
Address: 801 S BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: PAGIDIPATI, RAHULDEV
Address: 1321 SW 42ND STREET
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAGIDIPATI, DEVAIAH MD
Address: 2955 SE THIRD COURT
City-St-Zip: OCALA, FL 34471

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 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: DEVAIAH PAGIDIPATI MD

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date