2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 24, 2010
Secretary of State

DOCUMENT# P02000108497

Entity Name: CAPITAL HEALTHCARE, INC.

Current Principal Place of Business:

249 N. MAITLAND AVE
SUITE 2000
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

249 N MAITLAND AVE
SUITE 2000
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

249 N. MAITLAND AVE
SUITE 2000
ALTAMONTE SPRINGS, FL 32701

FEI Number: 80-0051761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENDICOTT, JOHN P
249 N MAITLAND AVE
SUITE 2000
ALTAMONTE SPRINGS, FL 32701 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

OFFICERS AND DIRECTORS:

Title: D
Name: SLAVENS, JOHN W
Address: 249 N MAITLAND AVE STE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: DUNKLE, SCOTT D VP
Address: 249 N MAITLAND AVE STE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: JOHN W. SLAVENS D 05/24/2010

Electronic Signature of Signing Officer or Director Date