

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90297 033 ***150.00

DOCUMENT # P05000115595

1. Entity Name

CAPITAL HEALTH, INC.



Principal Place of Business

4300 NORTH UNIVERSITY DRIVE
D-204
LAUDERHILL FL 33351
US

Mailing Address

4300 NORTH UNIVERSITY DRIVE
D-204
LAUDERHILL FL 33351
US

2. Principal Place of Business

Same as Above

Suite, Apt. #, etc.

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3368635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

LACHICA, KATRINA
4300 NORTH UNIVERSITY DRIVE
D-204
LAUDERHILL FL 33351

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

Katrina Lachica

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, 2006 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 ☐ Delete
NAME P
STREET ADDRESS LACHICA, KATRINA
CITY-ST-ZIP 4300 NORTH UNIVERSITY DRIVE, D-206
LAUDERHILL FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Katrina Lachica

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/06