

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027167

FILED
Mar 24, 2009
Secretary of State

Entity Name: CAPITAL HEALTH RESOURCES, INC.

Current Principal Place of Business:

1600 S FEDERAL HWY
SUITE 501
POMPAN BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1600 S. FEDERAL HWY
SUITE 501
POMPANPO BEACH, FL 33062

New Mailing Address:

1600 S FEDERAL HWY
SUITE 501
POMPAN BEACH, FL 33062

FEI Number: 65-0741169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CICCOLO, MARY
1216 S.E. 8TH STREET
DEERFIELD BEACH, FL 33441 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: PD () Delete
Name: MURRIN, MARK S
Address: 1216 S.E. 8TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: CEO () Delete
Name: PENICHET, GARY
Address: 5372 SW 32 WAY
City-St-Zip: HOLLYWOOD, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GARY PENICHET

CEO

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date