

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056353

1. Entity Name

CAPITAL HEALTH, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90183 042 \*\*\*158.75

Principal Place of Business

Mailing Address

757 SOUTHEAST 17TH STREET  
SUITE 135  
FORT LAUDERDALE FL 33316

6965 EL CAMINO REAL STE 105-511  
CARLSBAD CA 92009-4100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

515 Seabreeze Blvd

757 SE 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 218

#135

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33316

USA

33312

USA

4. FEI Number

65-0844904

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STORRS, BRUCE L 757 SOUTHEAST 17TH STREET FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Bruce Storrs 757 SE 17th St., Ste #135 Fort Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Storrs President

Date

Daytime Phone #

01/30/00 954-610-752

CR2E034 (9/99)