

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 90 PM 8:11

DOCUMENT # **P29513** (9)

1. Corporation Name

AMERICAN HEALTH ASSISTANCE FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

15825 SHADY GROVE RD.
STE. 140
ROCKVILLE MD 20850-4008

15825 SHADY GROVE RD.
STE. 140
ROCKVILLE MD 20850-4008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/25/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7337229	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President of Board of Directors	1.1 TITLE	☐ Change ☐ Addition
NAME	MICHAELS, EUGENE H	1.2 NAME	
STREET ADDRESS	9104 GOSHEN VALLEY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAITHERSBURG MD	1.4 CITY - ST - ZIP	
TITLE	V-President of Board of Directors	2.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, CLAYTON	2.2 NAME	
STREET ADDRESS	806 POTOMAC RIDGE CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING VA	2.4 CITY - ST - ZIP	
TITLE	Secretary of Board of Directors	3.1 TITLE	☐ Change ☐ Addition
NAME	FELICIANO, PETER J.	3.2 NAME	
STREET ADDRESS	2417 DOHERTY WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	HENDERSON NV	3.4 CITY - ST - ZIP	
TITLE	Treasurer of Board of Directors	4.1 TITLE	☐ Change ☐ Addition
NAME	KUYKENDALL, ERNEST R.	4.2 NAME	
STREET ADDRESS	7417 CLIFFBOURNE COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	DERWOOD MD	4.4 CITY - ST - ZIP	
TITLE	Director of the Board	5.1 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, LOYS P	5.2 NAME	
STREET ADDRESS	1228 MINOR ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	Director of the Board
STREET ADDRESS		6.3 STREET ADDRESS	Jonathan Rice
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Attorney At Law, 450 Seventh Ave, #4301
			New York, NY 10123

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or prior attachment with an address.

SIGNATURE:

Ernest R. Kuykendall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest R. Kuykendall, Treasurer

(301)948 3244

Date

(Signature Please)