

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29513

FILED
May 10, 2004
Secretary of State**Entity Name:** AMERICAN HEALTH ASSISTANCE FOUNDATION, INCORPORATED**Current Principal Place of Business:**22512 GATEWAY CENTER DRIVE
CLARKSBURG, MD 20871 US**New Principal Place of Business:****Current Mailing Address:**22512 GATEWAY CENTER DRIVE
CLARKSBURG, MD 20871 US**New Mailing Address:****FEI Number:** 23-7337229**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: MICHAELS, EUGENE H
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: VD () Delete
Name: RAYMOND, CLAYTON
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: SD () Delete
Name: FELICIANO, PETER J
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: TD () Delete
Name: KUYKENDALL, ERNEST R
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: D () Delete
Name: NUNEZ, LOYS PHD
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: D () Delete
Name: RICE, JONATHAN
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE H. MICHAELS

PD

05/10/2004

Electronic Signature of Signing Officer or Director

Date