

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29513

FILED  
Feb 19, 2007  
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 (X)**

**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: REGAN, BRIAN K  
Address: 22512 GATEWAY CENTER DRIVE  
City-St-Zip: CLARKSBURG, MD 20871

Title: VD ( ) Delete  
Name: RICE, JONATHAN  
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: RAYMOND, NICHOLAS  
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: SD (X) Change ( ) Addition  
Name: RAYMOND, NICHOLAS W  
Address: 22512 GATEWAY CENTER DRIVE  
City-St-Zip: CLARKSBURG, MD 20871

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

Title: D (X) Change ( ) Addition  
Name: STRAUSS, GORDON  
Address: 22512 GATEWAY CENTER DRIVE  
City-St-Zip: CLARKSBURG, MD 20871

Title: D (X) Change ( ) Addition  
Name: BARNETT, MICHAEL  
Address: 22512 GATEWAY CENTER DRIVE  
City-St-Zip: CLARKSBURG, MD 20871

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID F. MARKS

CONT

02/19/2007

Electronic Signature of Signing Officer or Director

Date