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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 20850-4015

3. Date Incorporated or Qualified: **05/25/1990**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	VD	☐ DELETE	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	SD	☐ DELETE	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	TD	☐ DELETE	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	D	☐ DELETE	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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RICE, JONATHAN		6.2 NAME		
STREET ADDRESS	450 SEVENTH AVE 4301		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.