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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29513**

1. Corporation Name
AMERICAN HEALTH ASSISTANCE FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
15825 SHADY GROVE RD. STE. 140 ROCKVILLE MD 20850 US	15825 SHADY GROVE RD. STE. 140 ROCKVILLE MD 20850 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/25/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7337229 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	Director	☐ Change ☒ Addition
NAME	MICHAELS, EUGENE H		1.2 NAME	Brian K. Regan, PHD	
STREET ADDRESS	9104 GOSHEN VALLEY DRIVE		1.3 STREET ADDRESS	17 Hillside Avenue	
CITY-ST-ZIP	GAITHERSBURG MD 20882-1446		1.4 CITY-ST-ZIP	Port Washington, NY 11050	
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 21064-1386		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 89014		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KUYKENDALL, ERNEST R.		4.2 NAME		
STREET ADDRESS	6 MONTGOMERY VILLAGE AVENUE, #660		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD 20879		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NUNEZ, LOYS PHD		5.2 NAME		
STREET ADDRESS	1228 MINOR ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38111		5.4 CITY-ST-ZIP		
TITLE	AD	☐ 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 10123		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Eugene H. Michaels 1/12/99 (301) 948-3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #