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
95 MAY 22 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

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

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

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 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 _____ 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	President of Board of Directors	11 TITLE	☐ Change ☐ Addition
NAME	MICHAELS, EUGENE H	12 NAME	
STREET ADDRESS	9104 GOSHEN VALLEY DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD	14 CITY-ST-ZIP	
TITLE	V-President of Board of Directors	21 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, CLAYTON	22 NAME	
STREET ADDRESS	806 POTOMAC RIDGE CT.	23 STREET ADDRESS	
CITY-ST-ZIP	STERLING VA	24 CITY-ST-ZIP	
TITLE	Secretary of Board of Directors	31 TITLE	☐ Change ☐ Addition
NAME	FELICIANO, PETER J.	32 NAME	
STREET ADDRESS	2417 DOHERTY WAY	33 STREET ADDRESS	
CITY-ST-ZIP	HENDERSON NV	34 CITY-ST-ZIP	
TITLE	Treasurer of Board of Directors	41 TITLE	☐ Change ☐ Addition
NAME	KUYKENDALL, ERNEST R.	42 NAME	
STREET ADDRESS	7417 CLIFFBOURNE COURT	43 STREET ADDRESS	
CITY-ST-ZIP	DERWOOD MD	44 CITY-ST-ZIP	
TITLE	Director of the Board	51 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, LOYS P	52 NAME	
STREET ADDRESS	1228 MINOR ST	53 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	Director of the Board Jonathan Rice
STREET ADDRESS		63 STREET ADDRESS	Attorney At Law, 450 Seventh Ave, #4301
CITY-ST-ZIP		64 CITY-ST-ZIP	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)(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.

SIGNATURE: Ernest R. Kuykendall (301)948 3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ernest R. Kuykendall, Treasurer

607P412