

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

P29513

American Health Assistance Foundation, Inc.

Principal Place of Business 15825 Shady Grove Road Suite 140 Rockville, MD 20850	Mailing Address 15825 Shady Grove Road Suite 140 Rockville, MD 20850
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3. Date Incorporated or Qualified
1973

4. FEI Number 23-7337229	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 15825 Shady Grove Road Suite, Apt. #, etc. 22 Suite 140 City & State 23 Rockville, MD Zip 24 20850 Country 25 USA	2a. Mailing Address 26 15825 Shady Grove Road Suite, Apt. #, etc. 27 Suite 140 City & State 28 Rockville, MD Zip 29 20850 Country 30 USA
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No (owes)

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	Attached as Exhibit A.
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 in any attachment with an address.

SIGNATURE:

Eugene H. Michaels

(301) 948-3244

CR2E037 (10/97)

**AMERICAN HEALTH ASSISTANCE FOUNDATION
BOARD OF DIRECTORS AND OFFICERS
(Updated June 1997)**

Mr. Eugene H. Michaels
President of the Board
9104 Goshen Valley Drive
Gaithersburg, Maryland
20882-1446

Mr. Clayton Raymond
Vice President of the Board
806 Potomac Ridge Court
Sterling, Virginia 21064-1386

Peter J. Feliciano, R. Ph.
Secretary of the Board
2417 Doherty Way
Henderson, Nevada 89014

Mr. Ernest R. Kuykendall, CLU
Treasurer of the Board
6 Montgomery Village Avenue, #660
Gaithersburg, Maryland 20879

Loys Nunez, Ph.D.
1228 Minor Street
Memphis, Tennessee 38111

Jonathan Rice
Attorney At Law
450 Seventh Ave., Suite 4301
New York, NY 10123