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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90157 048 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29513**

1. Corporation Name

**AMERICAN HEALTH ASSISTANCE FOUNDATION, INCORPORATED**

Principal Place of Business

15825 SHADY GROVE RD.  
STE. 140  
ROCKVILLE MD 20850  
US

Mailing Address

15825 SHADY GROVE RD.  
STE. 140  
ROCKVILLE MD 20850  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/25/1990
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7337229
24 Country	29 Country	Applied For
		Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	
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 <input type="checkbox"/> DELETE	3.1 TITLE	
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 <input type="checkbox"/> DELETE	4.1 TITLE	
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 <input type="checkbox"/> DELETE	5.1 TITLE	
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 <input type="checkbox"/> DELETE	6.1 TITLE	
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	

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene H. Michaels

Date

1/12/99

(301) 948-3244

Daytime Phone #

CR2E037 (11/98)