

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90308 013 \*\*\*\*70.00

**DOCUMENT # P29513**

1. Entity Name

**AMERICAN HEALTH ASSISTANCE FOUNDATION, INCORPORA**

Principal Place of Business

Mailing Address

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

15825 SHADY GROVE RD.  
 STE. 140  
 ROCKVILLE MD 20850-4015  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7337229**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MICHAELS, EUGENE H	
STREET ADDRESS	9104 GOSHEN VALLEY DRIVE	
CITY-ST-ZIP	GAITHERSBURG MD 20882-1446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAYMOND, CLAYTON	
STREET ADDRESS	806 POTOMAC RIDGE CT.	
CITY-ST-ZIP	STERLING VA 21064-1386	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FELICIANO, PETER J.	
STREET ADDRESS	2417 DOHERTY WAY	
CITY-ST-ZIP	HENDERSON NV 89014	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KUYKENDALL, ERNEST R.	
STREET ADDRESS	6 MONTGOMERY VILLAGE AVENUE, #660	
CITY-ST-ZIP	GAITHERSBURG MD 20879	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUNEZ, LOYS PHD	
STREET ADDRESS	1228 MINOR ST	
CITY-ST-ZIP	MEMPHIS TN 38111	
TITLE	AD	<input type="checkbox"/> Delete
NAME	RICE, JONATHAN	
STREET ADDRESS	450 SEVENTH AVE 4301	
CITY-ST-ZIP	NEW YORK NY 10123	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian K. Regan, PhD	
STREET ADDRESS	17 Hillside Avenue	
CITY-ST-ZIP	Port Washington, NY 11050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF OFFICER OR DIRECTOR**  
 Eugene H. Michaels

Eugene H. Michaels

5/1/2000

(301)-948-3244

Date

Daytime Phone #

CR2E037 (9/99)