

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29513

1. Entity Name

AMERICAN HEALTH ASSISTANCE FOUNDATION, INCORPORATED

FILED

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90065 035 ****70.00

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

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

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

Name

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

City

FL

Zip Code

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 ☐ Delete
NAME MICHAELS, EUGENE H
STREET ADDRESS 9104 GOSHEN VALLEY DRIVE
CITY-ST-ZIP GAITHERSBURG MD 20882-1446

TITLE ☐ Change ☒ Addition
NAME Brian K Regan, PHD
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME RAYMOND, CLAYTON
STREET ADDRESS 806 POTOMAC RIDGE CT.
CITY-ST-ZIP STERLING VA 21064-1386

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME FELICIANO, PETER J.
STREET ADDRESS 2417 DOHERTY WAY
CITY-ST-ZIP HENDERSON NV 89014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME KUYKENDALL, ERNEST R.
STREET ADDRESS 6 MONTGOMERY VILLAGE AVENUE, #660
CITY-ST-ZIP GAITHERSBURG MD 20879

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NUNEZ, LOYS PHD
STREET ADDRESS 1228 MINOR ST
CITY-ST-ZIP MEMPHIS TN 38111

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RICE, JONATHAN
STREET ADDRESS 450 SEVENTH AVE 4301
CITY-ST-ZIP NEW YORK NY 10123

TITLE ☐ Change ☐ 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:

Eugene H Michaels REGENERED Michaels, President

4/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)