2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# P29513

Entity Name: AMERICAN HEALTH ASSISTANCE FOUNDATION, INCORPORATED

Current Principal Place of Business:

22512 GATEWAY CENTER DRIVE
CLARKSBURG, MD 20871 US

New Principal Place of Business:

Current Mailing Address:

22512 GATEWAY CENTER DRIVE
CLARKSBURG, MD 20871 US

New Mailing Address:

FEI Number: 23-7337229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	REGAN, BRIAN K	
Address:	22512 GATEWAY CENTER DRIVE	
City-St-Zip:	CLARKSBURG, MD 20871	
Title:	VD	( ) Delete
Name:	RICE, JONATHAN	
Address:	22512 GATEWAY CENTER DRIVE	
City-St-Zip:	CLARKSBURG, MD 20871	
Title:	SD	( ) Delete
Name:	FELICIANO, PETER J	
Address:	22512 GATEWAY CENTER DRIVE	
City-St-Zip:	CLARKSBURG, MD 20871	
Title:	TD	( ) Delete
Name:	KUYKENDALL, ERNEST R	
Address:	22512 GATEWAY CENTER DRIVE	
City-St-Zip:	CLARKSBURG, MD 20871	
Title:	D	( ) Delete
Name:	NUNEZ, LOYS PHD	
Address:	22512 GATEWAY CENTER DRIVE	
City-St-Zip:	CLARKSBURG, MD 20871	
Title:	D	( ) Delete
Name:	RAYMOND, NICHOLAS	
Address:	22512 GATEWAY CENTER DRIVE	
City-St-Zip:	CLARKSBURG, MD 20871	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID F. MARKS CONT 02/03/2006

Electronic Signature of Signing Officer or Director — Date