

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29513

FILED
Jan 06, 2011
Secretary of State

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 ()

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: CD
Name: REGAN, BRIAN K PHD
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: VD
Name: RICE, JONATHAN ESQ.
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: TD
Name: RAYMOND, NICHOLAS W
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: SD
Name: BARNETT, MICHAEL ESQ.
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: VP
Name: MARKS, DAVID
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

Title: PCEO
Name: HALLER, STACY
Address: 22512 GATEWAY CENTER DRIVE
City-St-Zip: CLARKSBURG, MD 20871

I hereby 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 all other like empowered.

SIGNATURE: DAVID F. MARKS

VP

01/06/2011

Electronic Signature of Signing Officer or Director

Date