

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:05

DOCUMENT # P33295 (7)

1. Corporation Name

INTERCHURCH MEDICAL ASSISTANCE, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1991

3a. Date of Last Report

08/02/1994

4. FBI Number

13-1937537

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$0.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☒\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

BRABHAM, ALLEN
1827 MEDART
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPPD
OCHOA, MARIO
12501 OLD COLUMBIA PIKE
SILVER SPRING MD 20904TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTD
ELLIS, BOB
100 WITHERSPOON STREET
LOUISVILLE KY 40202-1396TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPSD
DAVIS, MILLER
500 MAIN STREET
NEW WINDSOR MD 21776TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPVD
MARVEL, NANCY
815 SECOND AVENUE
NEW YORK NY 10017-4594TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
HAHN, SOON-YOUNG
475 RIVERSIDE DRIVE
NEW YORK NY 10115-0050TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
KILLEN, KEN
390 PARK AVENUE
NEW YORK NY 10016

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☒ Change ☐ Addition
SILVER SPRING2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☒ Change ☐ Addition
D3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☒ Addition
T/D
KING, KEVIN
21 SOUTH 12 STREET
AKRON PA 17501-05006.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

D. Miller Davis

D. MILLER DAVIS

5/11/95

410/635-8716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)