

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33295 (7)

1. Corporation Name

INTERCHURCH MEDICAL ASSISTANCE, INC.



Principal Place of Business

**COLLEGE AVE. & BLUE RIDGE
NEW WINDSOR MD 21776**

Mailing Address

**PO BOX 429
NEW WINDSOR MD 21776**

3. Date Incorporated or Qualified

03/25/1991

3a. Date of Last Report

05/23/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

13-1937537

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

**PD
OCHOA, MARIO
12501 OLD COLUMBIA PIKE
SILVER SPRING MD**

TITLE NAME ☐ DELETE

**D
ELLIS, BOB
100 WITHERSPOON STREET
LOUISVILLE KY**

TITLE NAME ☐ DELETE

**SD
DAVIS, MILLER
500 MAIN STREET
NEW WINDSOR MD 21776**

TITLE NAME ☐ DELETE

**VD
MARVEL, NANCY
815 SECOND AVENUE
NEW YORK NY 10017-4594**

TITLE NAME ☐ DELETE

**TD
KING, KEVIN
21 S 12TH ST
AKRON PA**

TITLE NAME ☐ DELETE

**D
KILLEN, KEN
390 PARK AVENUE
NEW YORK NY 10016**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

SILVER SPRING

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. MILLER DAVIS

2/7/96

410/635-8716

Date

Daytime Phone #

CR2E037 (12/95)