FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

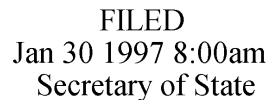
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

INTERCHURCH MEDICAL ASSISTANCE, INC.





1997 (410)635-8716

Principal Place of Business Mailing Address									1 103/1031 1	03 14408 (III V (IBIU 1840)	\$141 01311 0	HON DIGIN DIGIN	ILDI (GIDI ILG)
				O BOX 429 IEW WINDSOR MD 21776-0429									
							3.	Date Incorpor 03/25/	rated or Qualified 1991	3a. Date of Last Report 03/07/1996			
2. Principal P	lace of Busine	ess	2a. Mailing /	2a. Mailing Address				4.	4. FEI Number 13-1937537			Aı	oplied For
21			26	·					13-193	1/03/			ot Applicable
Suite, Apt.			27					5.	5. Certificate of Status Desired See Required Fee Required				
City & State	6		— <u> </u>	City & State				6.		paign Financing	<u></u>		May Be
Zip Country			28 Zir	Zip Country					Trust Fund Contribution Added to Fees P. This correction has liability for intensible tay under a 199.032				
24	25		—¬ '		30			8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
		nd Address of Curre						10.	10. Name and Address of New Registered Agent				
					1	81	Name				•		
BRABHAM, ALLEN 1827 MEDART						82	Street Ac	idress (P	ess (P.O. Box Number is Not Acceptable)				
	ASSEE FL 3												
, , , , , , , , , , , , , , , , , , ,	VIOULE I E U	2000				84	City				FL	85 Zip	Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes							e-named Co	orporatio	n submits this	statement for the r		e Langing i	ls registered
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.													registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
12.	o granore, typod or	<u> </u>	ND DIRECTORS				and and the second	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				RS IN 12
TITLE	PD		L	DELETE	1.1]]][LE						Change	☐ Addition
NAME	OCHOA,	MARIO			1.2 NAN	ME							
STREET ADDRESS	1000, 000						1.3 STREET ADDRESS						
CITY-ST-ZIP		PRING MD	1.4 CI				T- ZIP		ZIP 20904				
TITLE	D		L	L_ DELETE 2.1 TO							Change	Addition	
NAME	ELLIS, BO		-		2.2 NAN					10000 10	0.0		
STREET ADDRESS		TERSPOON STREET	ſ			ADDRESS		ZIP 40202-13		90			
CITY-ST-ZIP TITLE	LOUISVIL SD	LE NI		DELETE		IY-S LE	1 - ZIP					Change	Addition
NAME	DAVIS, M	III 4 ED	L	3.21			ĺ					Unange	☐ YOURS
STREET ADDRESS	500 MAIN						ADDRESS						
CITY-ST-ZIP	NEW WIN		3.4. C									f	
TITLE	VD VD	100011 IIID 21770		DELETE 4.11			1.50					Change	Addition
NAME	MARVEL,	NANCY		4.2 N								-	_
STREET ADDRESS		OND AVENUE		4.3 ST			ADDRESS						
CITY-ST-ZIP		RK NY 10017-4594		4.4 CI			r-ZIP						
TITLE	ΠD			DELETE	5.1 TITL	LE						Change	Addition
NAME	KING, KE					5 2 NAME							
STREET ADDRESS 21 S 12					5.3 STR	REET	ADDRESS		ZIP	17501-05	nn		
CITY-ST-ZIP	AKRON F	PA	· · · · · · · · · · · · · · · · · · ·		5.4 CITY	5.4 CITY-ST-ZIP			61r 1/301-030			···	
TITLE	D		L	DELETE	6.1 TITL	Lŧ.						Change	Addition
NAME	KILLEN, I				6.2 NAM								
STREET ADDRESS		K AVENUE					ADDRESS						}
CITY-ST-ZIP		RK NY 10016	ad with this filips d	ope not qualif.	6.4 CITY			lad in Ca	otion 110.07/2	Wi) Florido Statuto	o fuelba	r cortifu that	tho

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.

D. MILLER DAVIS