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FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33295** (7)

1. Corporation Name

INTERCHURCH MEDICAL ASSISTANCE, INC.



Principal Place of Business

Mailing Address

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

**PO BOX 429
NEW WINDSOR MD 21776-0429**

3. Date Incorporated or Qualified
03/25/1991

3a. Date of Last Report
03/07/1996

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

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4. FEI Number
13-1937537

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$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

10. Name and Address of New Registered Agent

**BRABHAM, ALLEN
1827 MEDART
TALLAHASSEE FL 32303**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **OCHOA, MARIO**
STREET ADDRESS **12501 OLD COLUMBIA PIKE**
CITY-ST-ZIP **SILVER SPRING MD**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **ZIP 20904**

TITLE **D** ☐ DELETE
NAME **ELLIS, BOB**
STREET ADDRESS **100 WITHERSPOON STREET**
CITY-ST-ZIP **LOUISVILLE KY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **ZIP 40202-1396**

TITLE **SD** ☐ DELETE
NAME **DAVIS, MILLER**
STREET ADDRESS **500 MAIN STREET**
CITY-ST-ZIP **NEW WINDSOR MD 21776**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MARVEL, NANCY**
STREET ADDRESS **815 SECOND AVENUE**
CITY-ST-ZIP **NEW YORK NY 10017-4594**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **KING, KEVIN**
STREET ADDRESS **21 S 12TH ST**
CITY-ST-ZIP **AKRON PA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **ZIP 17501-0500**

TITLE **D** ☐ DELETE
NAME **KILLEN, KEN**
STREET ADDRESS **390 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10016**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** Jan 22 1997 (410)635-8716

CR2E037 (9/96)