

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 21776-0429 |
|--|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/25/1991 | 3a. Date of Last Report 03/07/1996 |
| 4. FEI Number 13-1937537 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | OCHOA, MARIO | |
| STREET ADDRESS | 12501 OLD COLUMBIA PIKE | |
| CITY-ST-ZIP | SILVER SPRING MD | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ELLIS, BOB | |
| STREET ADDRESS | 100 WITHERSPOON STREET | |
| CITY-ST-ZIP | LOUISVILLE KY | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DAVIS, MILLER | |
| STREET ADDRESS | 500 MAIN STREET | |
| CITY-ST-ZIP | NEW WINDSOR MD 21776 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MARVEL, NANCY | |
| STREET ADDRESS | 815 SECOND AVENUE | |
| CITY-ST-ZIP | NEW YORK NY 10017-4594 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KING, KEVIN | |
| STREET ADDRESS | 21 S 12TH ST | |
| CITY-ST-ZIP | AKRON PA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KILLEN, KEN | |
| STREET ADDRESS | 390 PARK AVENUE | |
| CITY-ST-ZIP | NEW YORK NY 10016 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | ZIP 20904 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | ZIP 40202-1396 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | ZIP 17501-0500 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)