


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # P33295 (7)**  
 1. Corporation Name  
**INTERCHURCH MEDICAL ASSISTANCE, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>COLLEGE AVE. &amp; BLUE RIDGE<br/>NEW WINDSOR MD 21776</b> | Mailing Address<br><b>PO BOX 429<br/>NEW WINDSOR MD 21776</b> |
|--|---|

3. Date Incorporated or Qualified  
**03/25/1991**

4. FEI Number  
**13-1937537**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

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

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>PD OCHOA, MARIO</b>          | 1.2 NAME  |  |
| STREET ADDRESS             | <b>12501 OLD COLUMBIA PIKE</b>  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SILVER SPRING MD</b>         | 1.4 CITY-ST-ZIP                                       | <b>Zip 20904</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>D ELLIS, BOB</b>             | 2.2 NAME  |  |
| STREET ADDRESS             | <b>100 WITHERSPOON STREET</b>   | 2.3 STREET ADDRESS                                    | <b>Zip 40202-1396</b>  |
| CITY-ST-ZIP                | <b>LOUISVILLE KY</b>            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SD DAVIS, MILLER</b>         | 3.2 NAME  |  |
| STREET ADDRESS             | <b>500 MAIN STREET</b>          | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NEW WINDSOR MD 21776</b>     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>VD MARVEL, NANCY</b>         | 4.2 NAME  |  |
| STREET ADDRESS             | <b>815 SECOND AVENUE</b>        | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NEW YORK NY 10017-4594</b>   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>TD KING, KEVIN</b>           | 5.2 NAME  |  |
| STREET ADDRESS             | <b>21 S 12TH ST</b>             | 5.3 STREET ADDRESS                                    | <b>Zip 17501-0500</b>  |
| CITY-ST-ZIP                | <b>AKRON PA</b>                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D KILLEN, KEN</b>            | 6.2 NAME  | <b>Director</b>  |
| STREET ADDRESS             | <b>390 PARK AVENUE</b>          | 6.3 STREET ADDRESS                                    | <b>Kenlynn Schroeder</b>   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10016</b>        | 6.4 CITY-ST-ZIP                                       | <b>390 Park Avenue, South</b>  |
|                            |                                 |   | <b>New York, NY 10016</b>  |

14. I 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** 410/635-8731

CR2E037 (10/97)