


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90035 032 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P33295**

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/25/1991</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>13-1937537</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	Board Chair, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHOA, MARIO	1.2 NAME	
STREET ADDRESS	12501 OLD COLUMBIA PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20904	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, BOB	2.2 NAME	
STREET ADDRESS	100 WITHERSPOON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202-1396	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MILLER	3.2 NAME	Derstine, Paul
STREET ADDRESS	500 MAIN STREET	3.3 STREET ADDRESS	College and Blue Ridge Avenues
CITY-ST-ZIP	NEW WINDSOR MD 21776	3.4 CITY-ST-ZIP	New Windsor MD 21776
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Board Vice Chair, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVEL, NANCY	4.2 NAME	Rollins, Lloyd
STREET ADDRESS	815 SECOND AVENUE	4.3 STREET ADDRESS	1601 North Kent Street #902
CITY-ST-ZIP	NEW YORK NY 10017-4594	4.4 CITY-ST-ZIP	Arlington, VA 22209
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, KEVIN	5.2 NAME	
STREET ADDRESS	21 S 12TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON PA 17501-0500	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Secretary, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, KENLYNN	6.2 NAME	
STREET ADDRESS	390 PARK AVENUE S	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Paul Derstine Paul Derstine, President 1/14/99 410/635-8720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)