

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33295

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2112460  
~~13-1937537~~

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRABHAM, ALLEN  
1827 MEDART  
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BCD  
OCHOA, MARIO  
12501 OLD COLUMBIA PIKE  
SILVER SPRING MD 20904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ELLIS, BOB  
100 WITHERSPOON STREET  
LOUISVILLE KY 40202-1396 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DERSTINE, PAUL  
COLLEGE AND BLUE RIDGE AVENUES  
NEW WINDSOR MD 21776 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VC/D  
ROLLINS, LLOYD  
1601 NORTH KENT STREET #902  
ARLINGTON VA 22209- ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VC/D  
NOFFSINGER, STANLEY  
601 NORTH MAIN STREET  
NEW WINDSOR, MD 21776 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KING, KEVIN  
21 S 12TH ST  
AKRON PA 17501-0500 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D  
SCHROEDER, KENLYNN  
390 PARK AVENUE S  
NEW YORK NY 10016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE Paul Derstine

4/26/00

410/635-8720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)