

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90450 039 ****70.00

DOCUMENT # P33295

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2112460

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, BOB 100 WITHERSPOON STREET LOUISVILLE KY 40202-1396	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DERSTINE, PAUL COLLEGE AND BLUE RIDGE AVENUES NEW WINDSOR MD 21776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D NOFFSINGER, STANLEY 601 NORTH MAIN STREET NEW WINDSOR MD 21776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, KEVIN 21 S 12TH ST AKRON PA 17501-0500	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SCHROEDER, KENLYNN 390 PARK AVENUE S NEW YORK NY 10016	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul Derstine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

410/635-8720

Daytime Phone #

CR2E037 (10/00)