

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P33295

FILED
Mar 05, 2002 8:00 AM
Secretary of State

Entity Name: INTERCHURCH MEDICAL ASSISTANCE, INC.

Current Principal Place of Business:

COLLEGE AVE. & BLUE RIDGE
NEW WINDSOR, MD 21776

New Principal Place of Business:

Current Mailing Address:

PO BOX 429
NEW WINDSOR, MD 21776

New Mailing Address:

FEI Number: 52-2112460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRABHAM, ALLEN
1827 MEDART
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OCHOA, MARIO,
Address: 12501 OLD COLUMBIA PIKE
City-St-Zip: SILVER SPRING, MD 20904

Title: D () Delete
Name: ELLIS, BOB
Address: 100 WITHERSPOON STREET
City-St-Zip: LOUISVILLE, KY 402021396

Title: P () Delete
Name: DERSTINE, PAUL
Address: COLLEGE AND BLUE RIDGE AVENUES
City-St-Zip: NEW WINDSOR, MD 21776

Title: BCD () Delete
Name: NOFFSINGER, STANLEY
Address: 601 NORTH MAIN STREET
City-St-Zip: NEW WINDSOR, MD 21776

Title: TD () Delete
Name: KING, KEVIN
Address: 21 S 12TH ST
City-St-Zip: AKRON, PA 175010500

Title: S/D () Delete
Name: SCHROEDER, KENLYNN
Address: 390 PARK AVENUE S
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OCHOA, MARIO
Address: 12501 OLD COLUMBIA PIKE
City-St-Zip: SILVER SPRING, MD 20904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C/D (X) Change () Addition
Name: NOFFSINGER, STANLEY
Address: 601 NORTH MAIN STREET
City-St-Zip: NEW WINDSOR, MD 21776

Title: T/D (X) Change () Addition
Name: KING, KEVIN
Address: 21 S 12TH ST
City-St-Zip: AKRON, PA 175010500

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL DERSTINE

P

03/05/2002

Electronic Signature of Signing Officer or Director

Date

D MARTIN, RAYMOND
1817 RUPERT ST
MCLEAN, VA 22101

D DULL, BRUCE
3475 OAK VALLEY RD #2440
ATLANTA, GA 30326

D ENSOR, PHYLLIS
15423 DOVER RD
UPPERCO, MD 21155

D BECCHI, MARY
815 SECOND AVE 8TH FL
NEW YORK, NY 10017-4594

D NJUKI, CAROLINE
475 RIVERSIDE DR RM 330
NEW YORK, NY 10115

D SANDERS, SUSAN
700 PROSPECT AVE 7TH FL
CLEVELAND, OH 44115-1100

VC/D AUGSBURGER, RICK
475 RIVERSIDE DR
NEW YORK NY 10115-0050

D SANDERS, SUSAN
700 PROSPECT AVE 7TH FL

VC/D AUGSBURGER, RICK
475 RIVERSIDE DR
NEW YORK NY 10115-0050