

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37593

FILED
Mar 17, 2008
Secretary of State

Entity Name: DELMARVA FOUNDATION FOR MEDICAL CARE, INC.

Current Principal Place of Business:

9240 CENTREVILLE ROAD
EASTON, MD 21601

New Principal Place of Business:

Current Mailing Address:

9240 CENTREVILLE ROAD
EASTON, MD 21601

New Mailing Address:

FEI Number: 52-1000082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: JENSEN, CHRISTIAN E MD MPH
Address: 9240 CENTREVILLE ROAD
City-St-Zip: EASTON, MD 21601

Title: CFO () Delete
Name: WELLER, CRAIG
Address: 9240 CENTREVILLE ROAD
City-St-Zip: EASTON, MD 21601

Title: CHAI () Delete
Name: WILZACK, ADELE
Address: 9240 CENTREVILLE ROAD
City-St-Zip: EASTON, MD 21601

Title: VCHA () Delete
Name: GERALD, MELVIN D MD
Address: 9240 CENTREVILLE ROAD
City-St-Zip: EASTON, MD 21601

Title: TS () Delete
Name: JOHN, MCGINNIS
Address: 9240 CENTREVILLE ROAD
City-St-Zip: EASTON, MD 21601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COO (X) Change () Addition
Name: HOGAN-ROZMAN, JOY
Address: 9240 CENTREVILLE ROAD
City-St-Zip: EASTON, MD 21601

Title: CHAI (X) Change () Addition
Name: MCGINNIS, JOHN
Address: 9240 CENTREVILLE ROAD
City-St-Zip: EASTON, MD 21601

Title: T/S (X) Change () Addition
Name: COHEN, HAROLD PH.D
Address: 9240 CENTREVILLE ROAD
City-St-Zip: EASTON, MD 21601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTIAN E. JENSEN, MD MPH

CEO

03/17/2008

Electronic Signature of Signing Officer or Director

Date