

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **672389** (4)
1. Corporation Name
F.L.C. BENEVA NURSING PAVILION, INC.

Principal Place of Business 10065 RED RUN BLVD. OWINGS MILLS MD 21117 US	Mailing Address 10065 RED RUN BLVD. OWINGS MILLS MD 21117 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/30/1980	
25		30		4. FEI Number 59-2124057 Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISL RD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
---	--	---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ROBERT N ELKINS
NAME	CIRKA, LAWRENCE P	1.2 NAME	
STREET ADDRESS	100065 RED RUN BLVD	1.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	OWINGS MILLS MD	1.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	T	2.1 TITLE	
NAME	BENNETT, BRADLEY	2.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	LEVIN, MARC B	3.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	ELKINS, MARSHALL	4.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	FULCHINO, MARK	5.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS HILLS MD 21117	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark Fulchino* *4/14/98* *672389-8578*

CP2E034 (10/97)