

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000044709 (0)
 1. Corporation Name
LIFEWAY, INC.



Principal Place of Business
1444 BISCAYNE BOULEVARD SUITE 230 MIAMI FL 33132

Mailing Address
1444 BISCAYNE BOULEVARD SUITE 230 MIAMI FL 33132-1422

2. Principal Place of Business
 21 **10065 Red Run Blvd**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Owings Mills MD**
 Zip
 24 **21117** 25 **USA**

2a. Mailing Address
 26 **10065 Red Run Blvd**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Owings Mills, MD**
 Zip
 29 **21117** 30 **USA**

3. Date Incorporated or Qualified
06/09/1995

3a. Date of Last Report
04/08/1996

4. FEI Number
65-0507421

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ Signature, typed or printed name of registered agent (if applicable) _____ (If officer or director, sign the required when applicable) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELKINS, ROBERT N	
STREET ADDRESS	641 LEXINGTON AVENUE, 21ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCALL-PEREZ, FRED	
STREET ADDRESS	1444 BISCAYNE BOULEVARD, SUITE 230	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Curka, Lawrence P.	
1.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD.	
1.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fulchino, Mark	
2.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD.	
2.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bennett, Bradley	
3.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD.	
3.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Levin, Marc B.	
4.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD.	
4.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Elkins, Marshall A.	
5.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD.	
5.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, 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** **mark Fulchino** **1/28/97** **(410) 998-8578**

CR2E034 (9/96)