

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000037871 (6)

1. Corporation Name

APS SOUTHEAST, INC.

Principal Place of Business

Mailing Address

ONE HOOK ROAD
SHARON HILL FL 19079-1013

ONE HOOK ROAD
SHARON HILL FL 19079-1013

98 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

65-0661337

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

2. Principal Place of Business

21

Suite, Apt. Integrated Health Services, Inc.
10065 Red Run Blvd.
City & State Owings Mills, MD 21117

22

Zip Country

23

24

25

Country

2a. Mailing Address

26

Suite, Apt. Integrated Health Services, Inc.
10065 Red Run Blvd.
City & State Owings Mills, MD 21117

27

Zip Country

28

29

30

Country

9. Name and Address of Current Registered Agent

CARPENTER, KARON
3901 SW 47TH AVENUE, SUITE 405
FORT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81

Name

CT Corporation System

82

Street Address (P.O. Box Number is Not Acceptable)

1200 S Pine Island Rd

83

84

City

Plantation

FL

85

Zip Code

33324

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, 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 of

Alexandra Hamilton

Alexandra Hamilton, Special Assistant Secretary, 4/30/98

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD

STREET ADDRESS MIRRA, RAYMOND A JR

CITY-ST-ZIP 2932 NORTH ATLANTIC BLVD.

FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME VP

STREET ADDRESS STEPANUK, KEVIN D

CITY-ST-ZIP ONE HOOK ROAD

SHARON HILL FL 19079-1013

TITLE ☐ DELETE

NAME S

STREET ADDRESS MOHNACS, JOHN P

CITY-ST-ZIP ONE HOOK ROAD

SHARON HILL FL 19079-1013

TITLE ☐ DELETE

NAME T

STREET ADDRESS BATTAGLIA, VICTOR

CITY-ST-ZIP ONE HOOK ROAD

SHARON HILL FL 19079-1013

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME VP

1.3 STREET ADDRESS Mark Fulchino

1.4 CITY-ST-ZIP Integrated Health Services, Inc.

10065 Red Run Blvd.

Owings Mills, MD 21117 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

4/30/98

CR2E034 (10/97)