

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

**FILED**

**May 18 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 # P97000049264 (9)**  
1. Corporation Name  
**SOUTH FLORIDA PHYSICIAN PRACTICE NO. 9, INC.**



Principal Place of Business Mailing Address  
~~10065 RED RUN BLVD  
OWINGS MILLS MD 21117~~  
~~10065 RED RUN BLVD  
OWINGS MILLS MD 21117~~  
**2021 E. COMMERCIAL BLVD, SUITE 301  
FORT LAUDERDALE, FL 33308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc	26	Suite, Apt #, etc
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified  
**06/04/1997**

4. FEI Number **65-0587421**  
~~52-2661305~~ Applied For   
Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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

TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>GIRKA, LAWRENCE P.</del>	
STREET ADDRESS	<del>10065 RED RUN BLVD</del>	
CITY-ST-ZIP	<del>OWINGS MILLS MD 21117</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>LEVIN, MARC B</del>	
STREET ADDRESS	<del>10065 RED RUN BLVD</del>	
CITY-ST-ZIP	<del>OWINGS MILLS MD 21117</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ELKINS, MARSHALL A</del>	
STREET ADDRESS	<del>10065 RED RUN BLVD</del>	
CITY-ST-ZIP	<del>OWINGS MILLS MD 21117</del>	
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

11 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>ROBERT W. ELKINS</b>	
13 STREET ADDRESS	<b>Integrated Health Services, Inc.</b>	
14 CITY-ST-ZIP	<b>10065 Red Run Blvd. Owings Mills MD 21117</b>	
21 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>MARAH J. LEE, D.O.</b>	
23 STREET ADDRESS	<b>2021 E. COMMERCIAL BLVD, # 301</b>	
24 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>MARK FULCHINO</b>	
43 STREET ADDRESS	<b>Integrated Health Services, Inc.</b>	
44 CITY-ST-ZIP	<b>10065 Red Run Blvd. Owings Mills MD 21117</b>	
51 TITLE	<b>F</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>BRADLEY BENNETT</b>	
53 STREET ADDRESS	<b>Integrated Health Services, Inc.</b>	
54 CITY-ST-ZIP	<b>10065 Red Run Blvd. Owings Mills MD 21117</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, unchanged, or on an attachment with an address.

SIGNATURE: **Marah J. Lee, D.O.** 5/1/98 954-772-8534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District File # 0006967

CR2E034 (10/97)