

FILED
May 15 1998 8:00am
Secretary of State

Abstract

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		10/28/1975	
4. FEI Number		Applied For	
59-1653894		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

ation submits this statement for the purpose of changing its registered
n's board of directors. I hereby accept the appointment as registered

when reinstating) DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ROBERT N ELLINS	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Integrated Health Services, Inc.	
10065 Red Run Blvd.	
Owings Mills, MD 21117	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer of the State of Florida; and that my name appears in the

changed, or on an attachment with an address.

Mr. J. F. J. - Mark F. J. 11/8/88 11/20/88-1578