

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
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DOCUMENT # 840518 (5)  
1. Corporation Name  
CENTRAL PARK LODGES, 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 04/24/1978	
4. FEI Number 59-1836485		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK	12 NAME	
STREET ADDRESS	10065 RED RUN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MD	14 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIRKA, LAWRENCE P	22 NAME	P ROBERT N ELKINS
STREET ADDRESS	10065 RED RUN BLVD	23 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	OWINGS MILLS MD	24 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	Owings Mills, MD 21117 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BRADLEY	32 NAME	
STREET ADDRESS	10065 RED RUN BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B	42 NAME	
STREET ADDRESS	10065 RED RUN BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	O MARSHALL ELKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Integrated Health Services, Inc.
STREET ADDRESS		53 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		54 CITY-ST-ZIP	Owings Mills, MD 21117 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE *M. Fulchino* *4/22/98* *10065 Red Run Blvd*

CR2E034 (10/97)