

5-14-98 B 7318 C  
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FILED  
May 14 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 # F13347 (2)

1. Corporation Name

IHS HOME CARE SERVICES OF FLORIDA, INC.

Principal Place of Business

10065 RED RUN BLVD.  
OWING MILLS MD 21117  
US

Mailing Address

10065 RED RUN BLVD.  
P.O. BOX 1056  
OWINGS MILLS MD 21117  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1980

4. FEI Number

59-2052016

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CIRKA, LAWRENCE P  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD ☒ DELETE

TITLE S  
NAME LEVIN, MARC B  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD ☐ DELETE

TITLE VP  
NAME FULCHINO, MARK L  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD ☐ DELETE

TITLE CAO  
NAME BENNETT, BRADLEY W  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME ROBERT N ELKINS  
1.3 STREET ADDRESS Integrated Health Services, Inc.  
1.4 CITY-ST-ZIP 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 ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE S  
5.2 NAME MARSHALL ELKINS  
5.3 STREET ADDRESS Integrated Health Services, Inc.  
5.4 CITY-ST-ZIP 10065 Red Run Blvd.  
Owings Mills, MD 21117 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 [Signature] [Signature] [Signature] [Signature]

CR2E034 (10/97)