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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300005628

INTEGRATED HEALTH SERVICES AT CENTRAL FLORIDA, I NC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90015 043 ***150.00



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Principal Place	of Business	Mailing Address			A INDIAND LIEU LEIDE FILLE MOLES ANTEL ORGEN A	SIIT ESIST STITE SIITE	((
10065 RED RUN	I BLVD.	10065 RED RUN BLVD.					
OWINGS MILLS MD 21117 OWINGS MILLS MD 21117					DO NOT WRITE IN 1	'LIC CDACE	
(3. Date Incorporated or Qualifed	nio SPAUE	
					12/10/1993		•
0 0 0	and Providence	2 Mailing Addrops			4. FEI Number		plied For
2. Principal Place of Business 2a. Mailing Address					52-1850920	Not Applicable	
26 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					32 1030320	\$8.75 A	
22 . 27					5. Certifcate of Status Desired	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added t	
Zip			Country	, 	8. This corporation owes the current year	r Intangible	
24			30	Personal Property Tax. ☐ Yes ☐ No			
124	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
			81	Name			
C T CORPORATION SYSTEM			82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			"2	SileerA	diess (F.O. Dox Number is Not Acceptancy		
PLAN	ITATION FL 33324		83	<u> </u>			
ĺ			84	City		85 Zip C	Code -
			04	City	.]	FL ° ' ' ' ' ` `	5000
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	es, the abov	e-named co	prporation submits this statement for the purpos	e of changing its	registered
i office or re	egistered agent, or both, in the St	ate of Florida. Such change was a ligations of, Section 607.0505, Flor	uthorized by	the corpora	ation's board of directors. I hereby accept the a	pointment as req	gistereu
	(4)						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	Registered Age	nt signature requ	uired when reinstating) DAT		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	V	☐ DELETE	1.1 TITLE	7		Change	Addition
NAME {	FULCHINO, MARK		1.2 NAME		aylor Pickett		}
STREET ADDRESS	10065 RED RUN BLVD.		1.3 STREE		0065 Red Run Blud		Ì
CITY-ST-ZIP	OWINGS MILLS MD		1.4 CITY-5	T-ZIP C	wingsmills, MD 21117		Addition
TITLE	Ρ.	DELETE	2.1 TITLE	لياً ا	150-	☐ Change	Addition
NAME	ELKINS, ROBERT N		2.2 NAME		Pobert Stephenson		
STREET ADDRESS	10065 RED RUN BLVD.		2.3 STREE		0045 Red Run Blvd		i
CITY-ST-ZIP	OWINGS MILLS MD			ST-ZIP C	owings Mills, MD 21117		T A ARRAY
TITLE	T	DELETE 3.1T		j)	Change	☐ Addition
NAME	BENNETT, BRADLEY		3.2 NAME				
STREET ADDRESS	10065 RED RUN BLVD.		3.3 STREE	T ADDRESS			1
CITY-ST-ZIP	OWINGS MILLS MD		3.4. CITY-	ST-ZiP	•		□ Addition
TITLE	SD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	LEVIN, MARC B		4. 2 NAME				{
STREET ADDRESS			1	TADDRESS			ļ
CITY-ST-ZIP	OWINGS MILLS MD		4.4 CITY-S			MChanca	Addition
TITLE	VD	☐ DELETE	5.1 TITLE		on a ball a Elkins	Change	☐ Addition
NAME	ELKINS, MARSHALL A		5.2 NAME		Marshall A. Elkins		İ
STREET ADDRESS	10065 RED RUN BLVD.		1		0065 Red Run Blvd		Ì
CITY-ST-ZIP	OWINGS MILLS MD		5.4 CITY-S	T-ZIP C	wingsmills, mb 2117	Chanco	Addition
TITLE		☐ DELETE	6.1 TITLE		_	☐ Change	Mudition
NAME			6.2 NAME	T 4000-00			į
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE: