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FILED
May 13 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 # F94000000366 (4)

1. Corporation Name

COMMUNITY CARE OF AMERICA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3050 N HORSESHOE DR
STE 260
NAPLES FL 33942
US

3050 N HORSESHOE DR
STE 260
NAPLES FL 33942
US

2. Principal Place of Business

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Suite, Apt. #
Integrated Health Services, Inc.
10065 Red Run Blvd
Owings Mills, MD 21117

City & State

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City & State

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9. Name and Address of Current Registered Agent

CT 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

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 CEO ☒ DELETE

NAME SILVERMAN, JOHN L
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

TITLE EVP ☒ DELETE

NAME KRYSTOWICZ, WILLIAM J
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE

NAME BLASS, MICHAEL S
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

TITLE P ☒ DELETE

NAME LAU, DEBORAH A
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

TITLE T ☒ DELETE

NAME TRYBUS, TIMOTHY
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 *Michael S. Blass* *Mark Fulchino* *Marshall Elkins*

CR2E034 (10/97)