

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

FILED
May 12 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 # F94000002679 (8)
 1. Corporation Name
GREEN SPRING HEALTH SERVICES, INC.



Principal Place of Business 5565 STERRETT PLACE, SUITE 500 COLUMBIA MD 21044	Mailing Address 5565 STERRETT PLACE, SUITE 500 COLUMBIA MD 21044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1994	
21	22	26	27	4. FEI Number 51-0347297	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	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	
Zip		Country		Zip	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY HARBIN	1.2 NAME	
STREET ADDRESS	5565 STERRETT PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	1.4 CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE FITCH	2.2 NAME	
STREET ADDRESS	5565 STERRETT PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, SHERMAN	3.2 NAME	
STREET ADDRESS	233 N. MICHIGAN AVENUE, 15TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACCO, DON	4.2 NAME	
STREET ADDRESS	1501 MARKET STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TICOMA WA 98402	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANSON, MARK	5.2 NAME	Treasurer
STREET ADDRESS	5565 STERRETT PLACE, STE 500	5.3 STREET ADDRESS	Ken Arndt
CITY-ST-ZIP	COLUMBIA MD	5.4 CITY-ST-ZIP	5565 Sterrett Place, Suite 500
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOSS, STEVEN J.	6.2 NAME	Vice President
STREET ADDRESS	5565 STERRETT PLACE, STE 500	6.3 STREET ADDRESS	Chuck Kanach
CITY-ST-ZIP	COLUMBIA MD	6.4 CITY-ST-ZIP	5565 Sterrett Place, Suite 500
			Columbia, MD 21044

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 _____

CR2E034 (10/97)