

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002726 (7)

1. Corporation Name

INTEGRATED HEALTHCARE DELIVERY SERVICES CORPORAT
ION

Principal Place of Business

12377 MERIT DR., STE. 100
DALLAS TX 75251

Mailing Address

12377 MERIT DR., STE. 100
DALLAS TX 75251



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1994	3a. Date of Last Report 05/14/1996
4. FEI Number 75-2534597	Applied For Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CFOT	<input type="checkbox"/> DELETE
NAME	ADAMS, FRANK	
STREET ADDRESS	12377 MERIT DR., STE. 100	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, STEVE	
STREET ADDRESS	12377 MERIT DR., STE. 100	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEREDITH, IAN J	
STREET ADDRESS	12377 MERIT DR., STE. 100	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMART, COLIN P	
STREET ADDRESS	12377 MERIT DR., STE. 100	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	PODPECHAN, BEN	
STREET ADDRESS	12377 MERIT DRIVE, SUITE 100	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CEO
5.3 STREET ADDRESS	Jack L. Brown
5.4 CITY-ST-ZIP	12377 Merit Drive # 100
	Dallas, TX 75251
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: *Ben Podpechan* BEN PODPECHAN

07/23/97 972-383-1190

CR2E034 (4/97)