FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003223 (4)**

1. Corporation Name
INTEGRATED HEALTH SERVICES OF LESTER, INC.

200001484812
-05/12/95--01004--001
****200.00 ****200.00
DO NOT WRITE OR LABEL IN THIS SPACE

Principal Place of Business	Mailing Address
10065 RED RUN BOULEVARD OWINGS MILLS MD 21117	10065 RED RUN BOULEVARD OWINGS MILLS MD 21117

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 52-1873917 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~CEO~~	11 TITLE	☒ Change ☒ Addition
NAME	~~ELKINS, ROBERT N M.D.~~	12 NAME	V Pickett, Taylor
STREET ADDRESS	10065 RED RUN BOULEVARD	13 STREET ADDRESS	
CITY ST ZIP	OWINGS MILLS MD 21117	14 CITY-ST-ZIP	
TITLE	~~COO~~	21 TITLE	PD ☒ Change ☐ Addition
NAME	CIRKA, LAWRENCE P	22 NAME	
STREET ADDRESS	10065 RED RUN BOULEVARD	23 STREET ADDRESS	
CITY ST ZIP	OWINGS MILLS MD 21117	24 CITY-ST-ZIP	
TITLE	~~SEC~~	31 TITLE	☒ Change ☐ Addition
NAME	~~DAVIDSON, BRIAN K~~	32 NAME	
STREET ADDRESS	~~10065 RED RUN BOULEVARD~~	33 STREET ADDRESS	
CITY ST ZIP	~~OWINGS MILLS MD 21117~~	34 CITY-ST-ZIP	
TITLE	~~SRV~~	41 TITLE	☒ Change ☒ Addition
NAME	~~SINGLETON, GARY W~~	42 NAME	V Cahill, Dennis A.
STREET ADDRESS	~~10065 RED RUN BOULEVARD~~	43 STREET ADDRESS	
CITY ST ZIP	OWINGS MILLS MD 21117	44 CITY-ST-ZIP	
TITLE	SRVS	51 TITLE	☐ Change ☐ Addition
NAME	ELKINS, MARSHALL A	52 NAME	5/1/95 MAE
STREET ADDRESS	10065 RED RUN BOULEVARD	53 STREET ADDRESS	
CITY ST ZIP	OWINGS MILLS MD 21117	54 CITY-ST-ZIP	
TITLE	~~SRV~~	61 TITLE	SP ☒ Change ☒ Addition
NAME	~~CRICHESTER, DAVID N~~	62 NAME	Lenn, Marc B.
STREET ADDRESS	10065 RED RUN BOULEVARD	63 STREET ADDRESS	
CITY ST ZIP	OWINGS MILLS MD 21117	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Taylor Pickett 1/30/95 (410)998-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000288 CP