

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

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

05-03-1999 90015 042 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000003223

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



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

Mailing Address
10065 RED RUN BOULEVARD
OWINGS MILLS MD 21117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/20/1994

4. FEI Number
52-1873917

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent
C-T 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ELKINS, ROBERT	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, BRADLEY A	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVIN, MARC B	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	SRVS	<input type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Taylor Pickett	
1.3 STREET ADDRESS	10065 Red Run Blvd	
1.4 CITY-ST-ZIP	owings mills, MD 21117	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Stephenson	
2.3 STREET ADDRESS	10065 Red Run Blvd	
2.4 CITY-ST-ZIP	owings mills, MD 21117	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Marshall A. Elkins	
5.3 STREET ADDRESS	10065 Red Run Blvd	
5.4 CITY-ST-ZIP	owings mills MD 21117	
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 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: M. Fulchino **SIGNATURE REQUIRED** 4/6/99 410 998 8578
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)