

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

FILED

May 15 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 # **F95000001131 (0)**

1. Corporation Name

HOSPICE OF INTEGRATED HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

**10065 RED RUN BLVD.
OWINGS MILLS MD 21117**

**10065 RED RUN BLVD.
OWINGS MILLS MD 21117**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1916454	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIRKA, LAWRENCE P		1.2 NAME	ROBERT N. ELKINS	
STREET ADDRESS	10065 RED RUN BLVD.		1.3 STREET ADDRESS	Integrated Health Services, Inc. 10065 Red Run Blvd.	
CITY-ST-ZIP	OWINGS MILLS MD 21117		1.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BRADLEY		2.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OWINGS MILLS MD 21117		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK K		3.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OWINGS MILLS MD 21117		3.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL A		4.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OWINGS MILLS MD 21117		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	MARC B. LEVIN	
STREET ADDRESS			5.3 STREET ADDRESS	Integrated Health Services, Inc.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	10065 Red Run Blvd.	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Owings Mills, MD 21117	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

Mark Fulchino - Mark Elkins

5/15/98

(1111) 998-8524

CR2E034 (10/97)