

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000002144 (2)

1. Corporation Name

INTEGRATED HEALTH SERVICES AT BIG SAIL, INC.



Principal Place of Business

Mailing Address

10065 RED RUN BLVD.  
OWINGS MILLS MD 21117

10065 RED RUN BLVD.  
OWINGS MILLS MD 21117

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEMS  
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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
CIRKA, LAWRENCE P  
STREET ADDRESS  
10065 RED RUN BLVD.  
CITY-STATE-ZIP  
OWINGS MILLS MD 21117

TITLE ☐ DELETE

NAME  
DVAS  
STREET ADDRESS  
10065 RED RUN BLVD.  
CITY-STATE-ZIP  
OWINGS MILLS MD 21117

TITLE ☐ DELETE

NAME  
ELKINS, MARSHALL A  
STREET ADDRESS  
10065 RED RUN BLVD.  
CITY-STATE-ZIP  
OWINGS MILLS MD 21117

TITLE ☐ DELETE

NAME  
CHICHESTER, DAVID N  
STREET ADDRESS  
10065 RED RUN BLVD.  
CITY-STATE-ZIP  
OWINGS MILLS MD 21117

TITLE ☐ DELETE

NAME  
CAHILL, DENNIS A  
STREET ADDRESS  
10065 RED RUN BLVD.  
CITY-STATE-ZIP  
OWINGS MILLS MD 21117

TITLE ☒ DELETE

NAME  
DAVIDSON, BRIAN K  
STREET ADDRESS  
10065 RED RUN BLVD.  
CITY-STATE-ZIP  
OWINGS MILLS MD 21117

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

Fulching, mark

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\*\*\*6800.00

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

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)(k), 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 Fulchino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

(410) 998-8578

Date

Daytime Phone

CR2E034 (12/95)