


FILED
Mar 14 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  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 10065 RED RUN BLVD. OWINGS MILLS MD 21117 | | Mailing Address 10065 RED RUN BLVD. OWINGS MILLS MD 21117-4827 | |
| 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 <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div> | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <small>Signature, typed or printed name of registered agent and official applicable. (NOTE: Registered Agent signature required.)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CIRKA, LAWRENCE P 10065 RED RUN BLVD. OWINGS MILLS MD 21117 | <input type="checkbox"/> DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117 | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS ELKINS, MARSHALL A 10065 RED RUN BLVD. OWINGS MILLS MD 21117 | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FULCHINO, MARK 10065 RED RUN BLVD. OWINGS MILLS MD 21117 | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CAHILL, DENNIS A 10065 RED RUN BLVD. OWINGS MILLS MD 21117 | <input checked="" type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | |

CB2F034 (9/96)

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 on an attachment with an address.