

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000002809 (0)

1. Corporation Name

INTEGRATED HEALTH SERVICES OF SKYVIEW II, INC.



Principal Place of Business

801 LAUREL OAK DR STE 618  
NAPLES FL 33963

Mailing Address

801 LAUREL OAK DR STE 618  
NAPLES FL 33963

3. Date Incorporated or Qualified  
06/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10065 Red Run Blvd.  
Suite, Apt. #, etc.

26 10065 Red Run Blvd.  
Suite, Apt. #, etc.

4. FEI Number  
52-1926651

Applied For  
Not Applicable

22 City & State

27 City & State

23 Owings Mills, MD  
Zip Country

28 Owings Mills MD  
Zip Country

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

24 2117  
Zip Country

25 USA  
Country

29 2117  
Zip Country

30 USA  
Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVPC	<input type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	801 LAUREL OAK DR STE 618	
CITY-STATE-ZIP	NAPLES FL 33963	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEVIN, MARC B	
STREET ADDRESS	801 LAUREL OAK DR STE 618	
CITY-STATE-ZIP	NAPLES FL 33963	
TITLE	DPCO	<input type="checkbox"/> DELETE
NAME	CIRKA, LAWRENCE P	
STREET ADDRESS	801 LAUREL OAK DR STE 618	
CITY-STATE-ZIP	NAPLES FL 33963	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, BRIAN K	
STREET ADDRESS	801 LAUREL OAK DR STE 618	
CITY-STATE-ZIP	NAPLES FL 33963	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SINGLETON, GARY W	
STREET ADDRESS	801 LAUREL OAK DR STE 618	
CITY-STATE-ZIP	NAPLES FL 33963	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHICHESTER, DAVID N	
STREET ADDRESS	801 LAUREL OAK DR STE 618	
CITY-STATE-ZIP	NAPLES FL 33963	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10065 Red Run Blvd.
1.4 CITY-STATE-ZIP	Owings Mills, MD 21117
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10065 Red Run Blvd.
2.4 CITY-STATE-ZIP	Owings Mills, MD 21117
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10065 Red Run Blvd.
3.4 CITY-STATE-ZIP	Owings Mills, MD
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fulchino, Mark
6.3 STREET ADDRESS	10065 Red Run Blvd.
6.4 CITY-STATE-ZIP	Owings Mills, MD 21117

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 2/6/96 (410) 998-8578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)