


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

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

05-03-1999 90009 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003176

1. Corporation Name
INTEGRATED HEALTH SERVICES AT NORTH MIAMI, INC.



Principal Place of Business 10065 RED RUN BOULEVARD OWINGS MILL MD 21117	Mailing Address 10065 RED RUN BOULEVARD OWINGS MILL MD 21117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1995	
21	22	26	27	4. FEI Number 52-1932609	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____
 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 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELKINS, ROBERT N.	1.2 NAME	Taylor Pickett
STREET ADDRESS	10065 RED RUN BOULEVARD	1.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	OWINGS MILL MD 21117	1.4 CITY-ST-ZIP	owings mills, MD 21117
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULCHINO, MARK N	2.2 NAME	Robert Stephenson
STREET ADDRESS	10065 RED RUN BOULEVARD	2.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	OWINGS MILL MD 21117	2.4 CITY-ST-ZIP	owings mills, MD 21117
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BRADLEY	3.2 NAME	
STREET ADDRESS	10065 RED RUN BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILL MD 21117	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARK	4.2 NAME	
STREET ADDRESS	10065 RED RUN BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILL MD 21117	4.4 CITY-ST-ZIP	
TITLE	VGCS <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL A	5.2 NAME	Marshall A. Elkins
STREET ADDRESS	10065 RED RUN BOULEVARD	5.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	OWINGS MILL MD 21117	5.4 CITY-ST-ZIP	owings mills, MD 21117
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Mark Fulchino **SIGNATURE REQUIRED** 4/6/99 410 998 8578
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)