

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004146 (4)

1. Corporation Name

INTEGRATED HEALTH SERVICES AT KING DAVID CENTER,
INC.

Principal Place of Business

10065 RED RUN BLVD
OWING MILLS MD 21117

Mailing Address

10065 RED RUN BLVD
OWING MILLS MD 21117-4827



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 52-1955980	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIRKA, LAWRENCE P		1.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OWING MILLS MD		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, W B		2.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	OWING MILLS MD		2.4 CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAHILL, DENNIS A		3.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OWING MILLS MD		3.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIDSON, BRIAN K		4.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	OWING MILLS MD		4.4 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELKINS, MARSHALL A		5.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	OWING MILLS MD		5.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDING, ELEANOR C		6.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	OWING MILLS MD		6.4 CITY-ST-ZIP		

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.

SIGNATURE: Mark Fulchino - Mark Fulchino 1/17/97 (410) 998-8518

CR2E034 (9/96)