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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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INTEGRATED HEALTH SERVICES OF BRUNSWICK, INC.

101. 1

Principal Place of Business Mailing Address 10065 RED RUN BLVD 10065 RED RUN BLVD OWINGS MILLS MD 21117 OWINGS MILLS MD 21117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 52-1987079 Not Applicable Suite. Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due Jurie 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typical or printed name of registered agent and tale diapplicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE PD 1.1 TITLE ROBIFERT NELLI ROBIFERT Health Services, Inc. NAME CIRKA, LAWRENCE P 1.2 NAME 10065 RED RUN BLVD 1.3 STREET ADDRESS STREET ADDRESS 10065 Red Run Blvd. **OWINGS MILLS MD** CITY-ST-ZIP 1.4 CITY-ST-ZIP Owings Mills, MD 21117 DELETE Change Addition 2.1 TITLE TITLE FULCHINO, MARK 2.2 NAME 10065 RED RUN BLVD STREET ADDRESS 2.3 STREET ADDRESS **OWINGS MILLS MD** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **ELKINS, MARSHALL A** NAME 3.2 NAME 10065 RED RUN BLVD 3.3 STREET ADDRESS STREET ADDRESS **OWINGS MILLS MD** 3.4 CITY - S1 - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition BENNETT, W B NAME 4. 2 NAME 10065 RED RUN BLVD STREET ADDRESS 4.3 STREET ADDRESS **OWINGS MILLS MD** CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TO LE LEVIN, MARC B NAME 5.2 NAME 10065 RED RUN BLVD STREET ADDRESS 5.3 STREET ADDRESS **OWINGS MILLS MD** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 101.6 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

ulston