

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006691 (7)**

1. Corporation Name
COLLEGE PARK/SCC, INC.

Principal Place of Business 3050 NORTH HORSESHOE DRIVE, SUITE 260 NAPLES FL 33942	Mailing Address 3050 NORTH HORSESHOE DRIVE, SUITE 260 NAPLES FL 33942
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Integrated Health Services, Inc. 22 10065 Red Run Blvd. 23 City & State Owings Mills, MD 21117 24 Zip 21117 25 Country		2a. Mailing Address 26 Integrated Health Services, Inc. 27 10065 Red Run Blvd. 28 City & State Owings Mills, MD 21117 29 Zip 21117 30 Country		3. Date Incorporated or Qualified 12/20/1996	
4. FEI Number 58-2114426		Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	LAU, DEBORAH A			1.2 NAME	ROBERT N ELKINS		
STREET ADDRESS	3050 NORTH HORSESHOE DRIVE, SUITE 260			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SILVERMAN, JOHN L			2.2 NAME	KRADLEY BENNETT		
STREET ADDRESS	3050 N HORSESHOE DR SUITE 260			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	EVP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRYSTOPOWICZ, WILLIAM J			3.2 NAME	MARK FULLCHINO		
STREET ADDRESS	3050 NORTH HORSESHOE DRIVE, SUITE 260			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLASS, MICHAEL S			4.2 NAME	MARC BLEVIN		
STREET ADDRESS	3050 NORTH HORSESHOE DRIVE, SUITE 260			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	MARSHALL ELKINS		
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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.

SIGNATURE: *Mark Fullchino* **MARK FULLCHINO**

4/28/98

(410) 998-8578

CR2E034 (10/97)