

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # F96000006692 (5)

1. Corporation Name

CCA FUNDING MANAGER, INC.



Principal Place of Business

Mailing Address

3050 N HORSESHOE DR #280
NAPLES FL 33942

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NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

65-0713530

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Integrated Health Services, Inc.
Suite, Apt. #, 10065 Red Run Blvd.
Owings Mills, MD 21117

22 City & State

23 Zip Country

24 25

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAU, DEBORAH A
STREET ADDRESS 481 5TH AVE #19
CITY-ST-ZIP NY NY ☒ DELETE

TITLE D
NAME SILVERMAN, JOHN L
STREET ADDRESS 3050 N HORSESHOE DR #280
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE EVP
NAME KRYSTOPOWICZ, WILLIAM J
STREET ADDRESS 3050 N HORSESHOE DR #280
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE D
NAME BLASS, MICHAEL S
STREET ADDRESS 3050 N HORSESHOE DR #280
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE S
NAME KRYSTOPOWICZ, WILLIAM J
STREET ADDRESS 3050 N HORSESHOE DR #280
CITY-ST-ZIP NAPLES FL 33942 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ROBERT N ELKINS ☐ Change ☒ Addition
1.2 NAME Integrated Health Services, Inc.
1.3 STREET ADDRESS 10065 Red Run Blvd.
1.4 CITY-ST-ZIP Owings Mills, MD 21117

2.1 TITLE T
2.2 NAME BRADLEY BENNETT ☐ Change ☒ Addition
2.3 STREET ADDRESS Integrated Health Services, Inc.
2.4 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

3.1 TITLE VP
3.2 NAME MARK FULLER ☐ Change ☒ Addition
3.3 STREET ADDRESS Integrated Health Services, Inc.
3.4 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

4.1 TITLE SD
4.2 NAME MARC B LEVIN ☐ Change ☒ Addition
4.3 STREET ADDRESS Integrated Health Services, Inc.
4.4 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

5.1 TITLE D
5.2 NAME MARSHALL ELKINS ☐ Change ☒ Addition
5.3 STREET ADDRESS Integrated Health Services, Inc.
5.4 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

6.1 TITLE
6.2 NAME
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.

CR2E034 (10/97)