

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. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006693 (3)**

1. Corporation Name

COMMUNITY CARE OF GEORGIA, INC.



Principal Place of Business 3050 NORTH HORSESHOE DR., STE. 280 NAPLES FL 33942	Mailing Address 3050 NORTH HORSESHOE DR., STE. 280 NAPLES FL 33942
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Integrated Health Services, Inc. Suite, Apt. #, etc. 10065 Red Run Blvd. Owings Mills, MD 21117		2a. Mailing Address 26 Integrated Health Services, Inc. Suite, Apt. #, etc. 10065 Red Run Blvd. Owings Mills, MD 21117		3. Date Incorporated or Qualified 12/20/1996	
22 City & State		27 City & State		4. FEI Number 65-0655882	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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
85 Zip Code

FL

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	1.1 TITLE	ROBERT N. ELKINS
NAME	LAU, DEBORAH A	1.2 NAME	Integrated Health Services, Inc.
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 280	1.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	D	2.1 TITLE	T
NAME	SILVERMAN, JOHN L	2.2 NAME	BRADLEY BENNETT
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 280	2.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	EVP	3.1 TITLE	VP
NAME	KRYSTOPOWICZ, WILLIAM J	3.2 NAME	MARK FULCHINO
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 280	3.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	D	4.1 TITLE	SD
NAME	BLASS, MICHAEL S	4.2 NAME	MARC BLEVIN
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 280	4.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	D	5.1 TITLE	D
NAME	MARSHALL ELKINS	5.2 NAME	Integrated Health Services, Inc.
STREET ADDRESS	10065 Red Run Blvd.	5.3 STREET ADDRESS	Owings Mills, MD 21117
CITY-ST-ZIP	Owings Mills, MD 21117	5.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	D	6.1 TITLE	D
NAME	MARSHALL ELKINS	6.2 NAME	Integrated Health Services, Inc.
STREET ADDRESS	10065 Red Run Blvd.	6.3 STREET ADDRESS	Owings Mills, MD 21117
CITY-ST-ZIP	Owings Mills, MD 21117	6.4 CITY-ST-ZIP	Owings Mills, MD 21117

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 Fulchino* *John Lau* *William J. Krystowicz* *Michael S. Blass* *Marshall Elkins*

CR2E034 (10/97)