

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

DOCUMENT # F96000006694 (1)

1. Corporation Name

LULING/SCC, INC.



Principal Place of Business

3050 NORTH HORSESHOE DR., STE. 260
NAPLES FL 33942

Mailing Address

3050 NORTH HORSESHOE DR., STE. 260
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

72-1293486

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

21

Suite, Apt. Integrated Health Services, Inc.
10065 Red Run Blvd.

City & State Owings Mills, MD 21117

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. Integrated Health Services, Inc.
10065 Red Run Blvd.

City & State Owings Mills, MD 21117

28

Zip

Country

29

30

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

TITLE P
NAME LAU, DEBORAH A
STREET ADDRESS 3050 NORTH HORSESHOE DR., STE. 260
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE D
NAME SILVERMAN, JOHN L
STREET ADDRESS 3050 NORTH HORSESHOE DR., STE. 260
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE EVP
NAME KRYSTOPOWICZ, WILLIAM J
STREET ADDRESS 3050 NORTH HORSESHOE DR., STE. 260
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE D
NAME BLASS, MICHAEL S
STREET ADDRESS 3050 NORTH HORSESHOE DR., STE. 260
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ROBERT N ELKINS
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE T
2.2 NAME BRADLEY BENNETT
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE VP
3.2 NAME MARK FULLCHINO
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE SD
4.2 NAME MARC B LEVIN
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE D
5.2 NAME MARSHALL ELKINS
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CP2E034 (10/97)