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

DOCUMENT #

F96000006695 (8)

MACON/SCC, INC.

Principal Place of Business

Mailing Address

FILED
May 15 1998 8:00am
Secretary of State

		:	

3050 N. HORS NAPLES FL 33	SESHOE DR., #260 3942	3050 N. HORSESHOE DR., #260 NAPLES FL 33942			DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualified 12/20/1996			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For			
21		26			58-2114432 Not Applicable			
Suite, Apt.	#, etc. ntegrated Health Services, Inc.	Suite. Magreted Health Services, Inc. 27 10065 Red Run Blvd.			5. Certificate of Status Dosired See Regulied Fee Regulied			
City & State Owings Mills, MD 21117		City & StaQwings Mills, MD 21117		21117				
23		28			Trust Fund Contribution Added to Fees			
Zip	Country		Zip Count		8. This corporation owes or has paid the current year Intengible			
24	25	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Hegistered Agent		10. Name and Address of New Registered Agent				
	CORPORATION SYSTEM			Name				
	NO SOUTH PINE ISLAND ROAD NOTATION FL 33324		82 Street Address (P.O. Box Number is Not Acceptable)					
			В	3				
İ			8	4 City	FL 85 Zip Code			
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu f Florida. Such change was	es, the abo authorized	ve-named by the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered			
ag ent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, FI	orida Statut	6 5.				
SIGNATURE								
12.	Signature, typed or profited name of registered agent OFFICERS AND		13.	gont signature	required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 101.6		P Change Addition			
NAME	LAU, DEBORAH	Z-1 Octobe	1.2 NAM	t	ROKERT NELKINS			
STREET ADDRESS	8050 N. HORSESHOE DR., #2	RA		ET ADDRESS	Integrated Health Services, Inc.			
CITY-ST-ZIP	NAPLES FL	~	1.4 CITY		10065 Red Run Blvd.			
TITLE	D D	[/ DELETE	2.1 TITLE	••••••	Owings Mills, MD 21117 Change Addition			
NAME	SILVERMAN, JOHN	# # # # # # # # # # # # # # # # # # #	2.2 NAM	.	MAANEY REANETT			
STREET ADDRESS	\$050 N. HORSESHOE DR., #2	RN.		ET ADDRESS	BRADLE Wings and Health Services, Inc.			
CITY-ST-ZIP	NAPLES FL	/V	2.4 CITY		10065 Red Run Blvd.			
TITLE	EVP	DELETE	3.1 TITLE		Owings Mills, MD 21117 Change Addition			
NAME	KRYSTOPOWICZ, WILLIAM	•	3.2 NAM		MARH FULCHINU			
STREET ADDRESS	3050 N. HORSESHOE DR., #2	RA		ET ADDRESS	Integrated Health Services, Inc.			
CITY-ST-ZIP	NAPLES FL	,	3.4. CITY		10065 Red Run Blvd.			
TITLE	D	DELETE	4.1 TITLE		S O			
NAME	BLASS, MICHAEL	,_ ·· ·	4. 2 NAM		- 1114			
STREET ADDRESS	8050 N. HORSESHOE DR., #2	30		ET ADDRESS	Integrated Health Services, Inc.			
CITY-ST-ZIP	NAPLES FL		4.4 CITY		10065 Hed Kun Bivd.			
TITLE		☐ DELETE	5.1 TITLE		Owings Mills, MD 21117 Change Addition			
NAME		-	5.2 NAM	:	MARSHALL ELYINS			
STREET ADDRESS				ET ADDRESS	Integrated Health Services, Inc.			
CITY-ST-ZIP			5.4 CHTY		10065 Red Run Blvd,			
TITLE		☐ DE LETE	6.1 TITLE		Owings Mills, MD 21117 Change Addition			
NAME			6.2 NAM	:				
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY					
44 15		A	= 3.1 VIII	21 A.1	d in Castian 410 07/9/// Clavida Clatutas I further entitle that the information			

4. Thereby certify that the information supplied with this filing does not quality 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 eath; that I am an officer or director of the corporation or the receiver or fusiles 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

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