

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000006696 (6)**

1. Corporation Name  
**DUBLIN/SCC, INC.**



Principal Place of Business <b>3050 N HORSESHOE DR #280 NAPLES FL 33942</b>	Mailing Address <b>3050 N HORSESHOE DR #280 NAPLES FL 33942</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>Integrated Health Services, Inc.</b> <b>10065 Red Run Blvd.</b> <b>Owings Mills, MD 21117</b> <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>Integrated Health Services, Inc.</b> <b>10065 Red Run Blvd.</b> <b>Owings Mills, MD 21117</b> <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>12/20/1996</b>	
		4. FEI Number <b>58-2114436</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>ROBERT N. ELKINS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAU, DEBORAH A</b>	1.2 NAME	<b>Integrated Health Services, Inc.</b>
STREET ADDRESS	<b>3050 N HORSESHOE DR #280</b>	1.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>BRADLEY BENNETT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SILVERMAN, JOHN L</b>	2.2 NAME	<b>Integrated Health Services, Inc.</b>
STREET ADDRESS	<b>3050 N HORSESHOE DR #280</b>	2.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
TITLE	<b>EVP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VP MARK FULLCHINO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KRYSTOPOWICZ, WILLIAM J</b>	3.2 NAME	<b>Integrated Health Services, Inc.</b>
STREET ADDRESS	<b>3050 N HORSESHOE DR #280</b>	3.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>SD MARC B LEVIN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLASS, MICHAEL S</b>	4.2 NAME	<b>Integrated Health Services, Inc.</b>
STREET ADDRESS	<b>3050 N HORSESHOE DR #280</b>	4.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D MARSHALL ELKINS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Integrated Health Services, Inc.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>
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*

*4/21/98*

*(410) 998-8578*

CR2E034 (10/97)