

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 # F96000006698 (2)

1. Corporation Name

MARIETTA/SCC, INC.



Principal Place of Business

Mailing Address

3050 N HORSESHOE DR #260  
NAPLES FL 33942

3050 N HORSESHOE DR #260  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

58-2114429

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

22 City & State

23

24 Zip

25 Country

2a. Mailing Address

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

27 City & State

28

29 Zip

30 Country

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 LAU, DEBORAH A ☒ DELETE

NAME  
STREET ADDRESS 3050 N HORSESHOE DR #260  
CITY-ST-ZIP NAPLES FL

TITLE EVP ☒ DELETE

NAME  
STREET ADDRESS 3050 N HORSESHOE DR #260  
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE

NAME  
STREET ADDRESS 3050 N HORSESHOE DR #260  
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE

NAME  
STREET ADDRESS 3050 N HORSESHOE DR #260  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ROBERT N ELKINS ☐ Change ☐ Addition

12 NAME Integrated Health Services, Inc.  
13 STREET ADDRESS 10065 Red Run Blvd.  
14 CITY-ST-ZIP Owings Mills, MD 21117

2.1 TITLE T BRADLEY BENNETT ☐ Change ☐ Addition

22 NAME Integrated Health Services, Inc.  
23 STREET ADDRESS 10065 Red Run Blvd.  
24 CITY-ST-ZIP Owings Mills, MD 21117

3.1 TITLE VP MARK FULLCHANO ☐ Change ☐ Addition

32 NAME Integrated Health Services, Inc.  
33 STREET ADDRESS 10065 Red Run Blvd.  
34 CITY-ST-ZIP Owings Mills, MD 21117

4.1 TITLE SD MARC B. LEVIN ☐ Change ☐ Addition

4.2 NAME Integrated Health Services, Inc.  
4.3 STREET ADDRESS 10065 Red Run Blvd.  
4.4 CITY-ST-ZIP Owings Mills, MD 21117

5.1 TITLE D MARSHALL ELKINS ☐ Change ☐ Addition

5.2 NAME Integrated Health Services, Inc.  
5.3 STREET ADDRESS 10065 Red Run Blvd.  
5.4 CITY-ST-ZIP Owings Mills, MD 21117

6.1 TITLE ☐ Change ☐ Addition

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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signatures]

CR2E034 (10/97)