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 # F96000006863 (2)

COMMUNITY CARE OF AMERICA OF ALABAMA, INC.

Principal Place of Business

Mailing Address

3050 N. HORSESHOE DR., #260

3050 N. HORSESHOE DR., #260

FILED May 15 1998 8:00am Secretary of State



| NAPLES FL 3 | 3942 | NAPLES FL 33942 | | | | DO NOT WRITE IN THIS SPACE | | | |
|---|---|---|--------------|--|---------------------------------------|--|----------|----------------|--|
| | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | 12/20/1996 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Applied For | |
| 21 Integra | ored Health Services, Inc. | 26 Integrated Suite, Apt. #, 10065 | Hooleho | | | 63-0683871 | _ | Not Applicable | |
| Suite, Apl. | OPER Red Run Blvd | Suite, Apt. #,10065 | Red Run | rvic Di | es, Inc. | 2 2 | 8.7 | Additional | |
| 22 OW1 | ngs Mills, MD 21117 | 27 Owings I | Mills, MD | 21 | /O. | 5. Certificate of Status Desired | Fee | Required | |
| City & State | 0 | City & State | | | | 6. Election Campaign Financing | \$5.0 | O May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | Adde | d to Fees | |
| Zip | Country | Zip | Cour | ntry | | 8. This corporation owes or has paid the current | year | Intangible | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. Yes No | | | | | |
| | Name and Address of Curren | t Registered Agent | | 1 | | 10. Name and Address of New Registered Age | nt | | |
| | CORPORATION SYSTEM | | | 81 | Name | | | | |
| | XX SOUTH PINE ISLAND ROAD | | t | 62 | Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| PLA | ANTATION FL 33324 | | Ĺ | _ | | | | | |
| | | | į | B3 | | | | | |
| | | | ŀ | 84 | City | 8 | 5 Zi | p 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 | | | | | | | | | |
| Old In In In In | Signature, typed or printed name of registered age | | I Registered | Ager | nl signature re | equired when reinstating) DATE | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIF | | | |
| TITLE | Р | DELETE | 1.1 10 | LE | 1. | ROBERT NELKINS | Chang | e Addition | |
| NAME | LA U, DEBORAH A | | 1.2 NA | ME | | no Services, Inc. | | | |
| STREET ADDRESS | 8050 N. HORSESHOE DR., # | 260 | 1.3 STI | REET | ADDRESS | Run Blvd. | | İ | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CIT | | T-ZIP | Owings wins, MD 21117 | | | |
| TITLE | D | Z DELETE | 2.1 TiT | LE | 1. | RAPLEY BENNETT | Chang | e L. Addition | |
| NAME | SILVERMAN, JOHN L | | 2.2 NA | ME | A | BRANLEY BENNETT | | | |
| STREET ADDRESS | 3050 N. HORSESHOE DR., # | 260 | 2.3 STF | REET | ADDRESS | 10065 Red Run Blvd | | | |
| CITY-ST-ZIP | NAPLES FL | | 2. 4 Cf | TY-S | T- ZIP | Owings Mills, MD 21117 | | | |
| TITLE | EVP | DELETE | 3.1 TIT | LΕ | | VP | Chang | e 🔲 Addition | |
| NAME | KRYSTOPOWICZ, WILLIAM J | | 3.2 NA | MĒ | | MARK FUL CHINO Integrated Health Services, Inc. | | | |
| STREET ADDRESS | 3050 N. HORSESHOE DR., # | 260 | 3.3 STF | REETA | ADDRESS | 10065 Red Run Blvd | | | |
| CITY-ST-ZIP | NAPLES FL | | 3.4 CF | [Y-S | · · · · · · · · · · · · · · · · · · · | Owings Mills, MD 21112 | | | |
| TITLE | D | DELETE | 4.1 111 | LE | | 5 0 | Changi | e 🔲 Addition | |
| NAME | B LASS, MICHAEL S | | 4. 2 NA | ME | | MARC B LEVIN | | | |
| STREET ADDRESS | 3050 N. HORSESHOE DR., # | 260 | 4.3 STF | REET | ADDRESS | Integrated Health Services, Inc. | | | |
| CITY-ST-ZIP | NAPLES FL | | 4.4 CI1 | Y-\$1 | 1-ZIP | 10065 Red Run Blvd. | | | |
| TITLE | | DELETE | 5.4 TIT | LE | [4 | D Owings Mills MD 社にKINS | Changi | e Addition | |
| NAME | | | 5.2 NAI | ME | | MARSHALL BUKINS | | | |
| STREET ADDRESS | | | 5.3 STF | REET | ADDRESS | Integrated Health Services, Inc. | | | |
| CITY - ST - ZIP | | | 5.4 CIT | Y-ST | r-ZIP | 10005 Red Run Blod | | | |
| TITLE | | DELETE | 6.1 TIT | LE | | | Change | e 🔲 Addition | |
| NAME | | | 6.2 NAI | ME | | | | | |
| STREET ADDRESS | | | 63 STI | iEET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | 64 C/T | Y-ST | r- ZIP | | | | |
| | All at a state of the state of | | , | | , - | THE RESIDENCE OF THE PARTY OF T | | | |

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 frue 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 occurrence or further 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. man of lie

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