

714
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 # **F96000006863 (2)**
1. Corporation Name
COMMUNITY CARE OF AMERICA OF ALABAMA, INC.



Principal Place of Business 3050 N. HORSESHOE DR., #260 NAPLES FL 33942	Mailing Address 3050 N. HORSESHOE DR., #260 NAPLES FL 33942
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Integrated Health Services, Inc. Suite, Apt. #10065 Red Run Blvd. Owings Mills, MD 21117		2a. Mailing Address Integrated Health Services, Inc. Suite, Apt. #10065 Red Run Blvd. Owings Mills, MD 21117		3. Date Incorporated or Qualified 12/20/1996	
22. City & State Owings Mills, MD		27. City & State Owings Mills, MD		4. FEI Number 63-0683871	
23. Zip 21117		28. Zip 21117		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country MD		30. Country MD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country MD		30. Country MD		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	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	P LAU, DEBORAH A	3050 N. HORSESHOE DR., #260	NAPLES FL	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	D SILVERMAN, JOHN L	3050 N. HORSESHOE DR., #260	NAPLES FL	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	VP KRYSTOPOWICZ, WILLIAM J	3050 N. HORSESHOE DR., #260	NAPLES FL	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	D BLASS, MICHAEL S	3050 N. HORSESHOE DR., #260	NAPLES FL	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE			

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.

CR2E034 (10/97)