

439  
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 # F96000006868 (1)

1. Corporation Name

QUALITY CARE OF LYONS, 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

47-0706483

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

2a. Mailing Address

21 Integrated Health Services, Inc.

26 Integrated Health Services, Inc.

Suite, Apt. #, etc 10065 Red Run Blvd.  
Owings Mills, MD 21117

Suite, Apt. #, etc 10065 Red Run Blvd.  
Owings Mills, MD 21117

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME LAU, DEBORAH A  
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260  
CITY-ST-ZIP NAPLES FL ☒ DELETE

1.1 TITLE P  
1.2 NAME ROBERT N ELKINS  
1.3 STREET ADDRESS Integrated Health Services, Inc.  
1.4 CITY-ST-ZIP 10065 Red Run Blvd.  
Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE D  
NAME SILVERMAN, JOHN L  
STREET ADDRESS 3050 N. HORSESHOE DR., #260  
CITY-ST-ZIP NAPLES FL ☒ DELETE

2.1 TITLE T  
2.2 NAME BRADLEY BENNETT  
2.3 STREET ADDRESS Integrated Health Services, Inc.  
2.4 CITY-ST-ZIP 10065 Red Run Blvd.  
Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE EVP  
NAME KRYSTOPOWICZ, WILLIAM J  
STREET ADDRESS 3050 N. HORSESHOE DR., #260  
CITY-ST-ZIP NAPLES FL ☒ DELETE

3.1 TITLE VP  
3.2 NAME MARK FULCHINO  
3.3 STREET ADDRESS Integrated Health Services, Inc.  
3.4 CITY-ST-ZIP 10065 Red Run Blvd.  
Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE D  
NAME BLASS, MICHAEL S  
STREET ADDRESS 3050 N. HORSESHOE DR., #260  
CITY-ST-ZIP NAPLES FL ☒ DELETE

4.1 TITLE SD  
4.2 NAME MARC BLEVIN  
4.3 STREET ADDRESS Integrated Health Services, Inc.  
4.4 CITY-ST-ZIP 10065 Red Run Blvd.  
Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D  
5.2 NAME MARSHALL ELKINS  
5.3 STREET ADDRESS Integrated Health Services, Inc.  
5.4 CITY-ST-ZIP 10065 Red Run Blvd.  
Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 Fulchino* *1/28/98* *10065 Red Run Blvd*

CR2E034 (10/97)