

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006870 (7)

1. Corporation Name
W.S.T. CARE, 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		2a. Mailing Address	
21 Integrated Health Services, Inc.	26 Integrated Health Services, Inc.	4. FEI Number	
Suite, Apt. #, etc. 10065 Red Run Blvd	Suite, Apt. #, etc. 10065 Red Run Blvd.	47-0628238	Applied For
Owings Mills, MD 21117	Owings Mills, MD 21117		Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country	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		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM		81 Name	
1200 SOUTH PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		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 LAU, DEBORAH	1.1 TITLE	P ROBERT N ELKINS
NAME	3050 N. HORSESHOE DR, #260	1.2 NAME	Integrated Health Services, Inc.
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	D SILVERMAN, JOHN	2.1 TITLE	T BRADLEY BENNETT
NAME	3050 N. HORSESHOE DR, #260	2.2 NAME	Integrated Health Services, Inc.
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	EVP KRYSTOPOWICZ, WILLIAM	3.1 TITLE	VP MARK FULLCHINO
NAME	3050 N. HORSESHOE DR, #260	3.2 NAME	Integrated Health Services, Inc.
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	D BLASS, MICHAEL	4.1 TITLE	SD MARC D LEVIN
NAME	3050 N. HORSESHOE DR, #260	4.2 NAME	Integrated Health Services, Inc.
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE		5.1 TITLE	D MARSHALL ELKINS
NAME		5.2 NAME	Integrated Health Services, Inc.
STREET ADDRESS		5.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE		6.1 TITLE	
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 4/24/98 (410)998-8578

CR2E034 (10/97)