

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
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DOCUMENT # F96000006871 (5)

1. Corporation Name

CCA OF MIDWEST, 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		3. Date Incorporated or Qualified 12/20/1996	
21. Suite, Apt., Bldg.	26. Suite, Apt., Bldg.			4. FEI Number 65-0609778	Applied For 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 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	1.1 TITLE	P
NAME	LAU, DEBORAH	1.2 NAME	ROBERT Integrated Health Services, Inc.
STREET ADDRESS	3050 N. HORSESHOE DR., #260	1.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE	D	2.1 TITLE	T
NAME	SILVERMAN, JOHN	2.2 NAME	BRADLEY BENNETT
STREET ADDRESS	3050 N. HORSESHOE DR., #260	2.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	EVP	3.1 TITLE	VP
NAME	KRYSTOPOWICZ, WILLIAM	3.2 NAME	MARK FULCHINO
STREET ADDRESS	3050 N. HORSESHOE DR., #260	3.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	D	4.1 TITLE	SD
NAME	BLASS, MICHAEL S	4.2 NAME	MARC BLEVIN
STREET ADDRESS	3050 N. HORSESHOE DR., #260	4.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE		5.1 TITLE	D
NAME		5.2 NAME	MARSHALL ELKINS
STREET ADDRESS		5.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	10065 Red Run Blvd.
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 Fulchino

4/28/98

(410) 998-1578

CR2E034 (10/97)