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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

OWINGS MILLS MD 21117

ELKINS. MARSHALL A

10065 RED RUN BLVD

10065 RED RUN BLVD

MASSO, ANTHONY R

10065 RED RUN BLVD

OWINGS MILLS MD 21117

LEVIN, MARC B

OWINGS MILLS MD 21117

DVS

DVS

DOCUMENT # 1. Corporation Name F97000000499 (0)

IHS MANAGEMENT GROUP, INC.

Principal Place of Business			Mailing Address			•		n na bhind ùinn amhin annin duinh anhin bhint dhint dhint anhin anhin anns anhin anhin indi	
10085 RED RUN BLVD OWINGS MILLS IND 21117			10065 RED RUN BLYD OWINGS MILLS MD 21117						
OWNED MILLO MO COOP			AMILIAN MIRES HIS ELLI						DO NOT WRITE IN THIS SPACE
								3	3. Date Incorporated or Qualified
									01/29/1997
2. Principal Place of Business			2a. Mailing Address					4.	4. FEI Number 5>->0/2487 Applied For
21				26					APPLIED FOR Not Applicable
Suite, Apt #, etc			Suite, Apt. #, etc.				5.	5. Certificate of Status Desired \$8.75 Additional	
22			27					Fee Required	
City & State			,	City & State				6.	8. Election Campaign Financing \$5.00 May Be
23		-=	28		1				Trust Fund Contribution Added to Fees
Zip	ļ ₁	Country	- k	Ζφ	<u></u> —¬	intry		8.	8. This corporation owes or has paid the current year Intangible
24	[25]		29		30	г			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					81	Name	10	io. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM					"	INATHE			
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
office or a	rogistered agent,	or both, in the State.	of Flori	607.1508, Florida S tatul da Such <mark>change was</mark> a f, Section 60 7.0505, Flo	authorize	d by	the corpo	orporation's	tion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered
SIGNATURE									
	Signature typed or pri	eited name of registered age.				d Age	it signarure re		hen reinstating) DATE
12.		OFFICERS AND) DiHi (DELETE	13.			~	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	DP DP	IDENIOE D		Z) VELETE	. 1.1 TI			<u>,</u>	
NAME						12 NAME 13 STREET ADDRESS ROB ENGET and North Services, Ind. S 10085 Red Run Blvd.			
STREET ADDRESS				_					10085 Red Run Blvd. Owings Mills, MD 21117
CITY-ST-ZIP		ILLS MD 21117		DELETE		IY-SI			
TITLE	C00	-		DELETE	2.111		i	7	Change Addition
NAME	CIRKA, LAV				22 N			BRI	AD Lintegrated Health Services, Inc.
STREET ADDRESS	1 10010 1100 11010					STREET ADDRESS			10065 Red Run Blvd.
CITY-ST-ZIP				2 4 0			Charles Mills MAD 2444		
TITLE	VCEO	P.D. 444 47		DELETE	311)			V P	
NAME	DAVIDSON,				3 2 N	AME		MA	ARK FULCHIND
STREET ADDRESS	10065 RED	run BLVD			3.3 ST	raeet :	ADDRESS		Integrated Health Services, Inc.

OWINGS MILLS MD 21117 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing closs 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

34. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 1/TLE

6.2 NAME

DELETE

DELETE

DELETE

10065 Red Run Blvd.

wings Mills, MD 21117

Addition

Addition

Addition

Change

Change

FILED

May 13 1998 8:00am

Secretary of State