

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002065 (7)

1. Corporation Name

INTEGRATED PHYSICIAN GROUP SERVICES, INC.

Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

52-1956619

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------------|---------------------|-----------------------|-------------------------------------|
| PCOO | CIRKA, LAWRENCE P | 10065 RED RUN BLVD. | OWINGS MILLS MD 21117 | <input checked="" type="checkbox"/> |
| V | CAHILL, DENNIS A | 10065 RED RUN BLVD. | OWINGS MILLS MD 21117 | <input checked="" type="checkbox"/> |
| V | CHICHESTER, DAVID N | 10065 RED RUN BLVD. | OWINGS MILLS MD 21117 | <input checked="" type="checkbox"/> |
| V | DAVIDSON, BRIAN K | 10065 RED RUN BLVD. | OWINGS MILLS MD 21117 | <input checked="" type="checkbox"/> |
| VS | ELKINS, MARSHALL A | 10065 RED RUN BLVD. | OWINGS MILLS MD 21117 | <input type="checkbox"/> |
| V | KOMP, EDWARD J | 10065 RED RUN BLVD. | OWINGS MILLS MD 21117 | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
|-----------|------------------|---|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|
| P | ROBERT A. ELKINS | Integrated Health Services, Inc. 10065 Red Run Blvd. Owings Mills, MD 21117 | | | | | | | | | | | | | | | | | | | | | |
| T | BRADLEY BENNETT | Integrated Health Services, Inc. 10065 Red Run Blvd. Owings Mills, MD 21117 | | | | | | | | | | | | | | | | | | | | | |
| VP | MARK FULCHINO | Integrated Health Services, Inc. 10065 Red Run Blvd. Owings Mills, MD 21117 | | | | | | | | | | | | | | | | | | | | | |
| S | MARC B LEVIN | Integrated Health Services, Inc. 10065 Red Run Blvd. Owings Mills, MD 21117 | | | | | | | | | | | | | | | | | | | | | |

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)