5-13-98 B7211 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006190 (9)

Block 12 or Block 13 if changed, or on an altachment with an address. M. 1 C

IHS ACQUISITION NO. 103, INC.

Principal Place of Business 10085 RED RUN BLVD.

Mailing Address

FILED May 13 1998 8:00am Secretary of State

(10/97)

CR2E034



10065 RED RUN BLVD. OWINGS MILLS MD 21117 OWINGS MILLS MD 21117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1997 - 2066/32 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable applied for 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zψ Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of repetered agent and little if apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **A**ddition DELETE Change TITLE 11 TITLE ROB Trispresed Health Services, Inc. CIRKA, LAWRENCE P 1.2 NAME NAME 10065 RED RUN BLVD. 10065 Red Run Blvd. STREET ADDRESS 1.3 STREET ADDRESS OWINGS MILLS MD 21117 Owings Mills, MD 21117 CITY-ST-ZIP 14 CITY-SI-ZIP Addition DELETE Change DVAS 21 TITLE TITLE LEVIN, MARC B 22 NAME NAME 10065 RED RUN BLVD. STREET ADDRESS 2.3 STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME ELKINS, MARSHALL A 32 NAME 10065 RED RUN BLVD. STREET ADDRESS 3 3 STREET ADDRESS OWINGS MILLS MD 21117 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE ☐ Change Addition COOV 4.1 TITLE TITLE Thegrated Health Services, Inc. WINKLE, C. CHRISTIAN 4 2 NAME NAME 10065 RED RUN BLVD. 4.3 STREET ADDRESS STREET ADDRESS 10065 Red Run Blvd. **OWINGS MILLS MD 21117** CITY-ST-ZIP 4.4 CITY-SI-ZIP Owings Mills, MD 21117 DELETE Change Addition TITLE 51 TITLE MARK DAVIDSON, BRIAN K 52 NAME NAME Integrated Health Services, Inc. 10065 RED RUN BLVD. STREET ADDRESS 5 3 STREET ADDRESS 10085 Red Run Blvd. OWINGS MILLS MD 21117 CITY-ST-ZIP 5 4 CITY-ST-ZIP Change DELETE Owings Mills, MD 21117 Addition VAS 61 TITLE TITLE LEVIN, MARC B NAME 62 NAME 10065 RED RUN BLVD. 63 STREET ADDRESS STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIP 64 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