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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 # F97000006192 (5)

1. Corporation Name
IHS ACQUISITION NO. 102, 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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number 52-2066122

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CIRKA, LAWRENCE P
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

DELETE

TITLE DVAS
NAME LEVIN, MARC B
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

DELETE

TITLE DVS
NAME ELKINS, MARSHALL A
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

DELETE

TITLE COOV
NAME WINKLE, C. CHRISTIAN
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

DELETE

TITLE V
NAME DAVIDSON, BRIAN K
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

DELETE

TITLE V
NAME MASSO, ANTHONY R
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME ROBERT N ELKINS
13 STREET ADDRESS Integrated Health Services, Inc.
14 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition

31 TITLE VP
32 NAME MARK FULLCHINO
33 STREET ADDRESS Integrated Health Services, Inc.
34 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

Change Addition

41 TITLE T
42 NAME BRADLEY BENNETT
43 STREET ADDRESS Integrated Health Services, Inc.
44 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

Change Addition

51 TITLE VD
52 NAME MARSHALL ELKINS
53 STREET ADDRESS Integrated Health Services, Inc.
54 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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

CR2E034 (10/97)