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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90110 016 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005660

1. Corporation Name
ELDERHEALTH, INC.

Principal Place of Business
1001 W. PRATT STREET
BALTIMORE MD 21223

Mailing Address
1001 W. PRATT STREET
BALTIMORE MD 21223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1998

4. FEI Number
52-1929677

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SAUERS, GEORGE G
14218 SQUIRREL RUN
ORLANDO FL 32828

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 P ☐ DELETE
NAME STEELE, MICHAEL R
STREET ADDRESS 100 HARBOR VIEW DRIVE APT 305
CITY-ST-ZIP BALTIMORE MD

TITLE V ☐ DELETE
NAME CARLINER, DAVID
STREET ADDRESS 2 FOREST BLUFF CT
CITY-ST-ZIP OWINGS MILL MD

TITLE T ☐ DELETE
NAME TAYLOR, JEFFREY M
STREET ADDRESS 10237 GLOSTENBURY RD
CITY-ST-ZIP ELLICOTT CITY MD

TITLE D ☐ DELETE
NAME NEWHALL III, CHARLES W
STREET ADDRESS 1119 ST PAUL STREET
CITY-ST-ZIP BALTIMORE MD

TITLE D ☐ DELETE
NAME LINEHAN, CHARLES M
STREET ADDRESS 2490 SAND HILL ROAD
CITY-ST-ZIP MENLO PARK CA

TITLE D ☒ DELETE
NAME MOORE, DARGY
STREET ADDRESS 135 S LASALLE STREET STE 3800
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Mr. David Swenson ☐ Change ☒ Addition
1.2 NAME 237 Second Ave. South
1.3 STREET ADDRESS Franklin, TN 37064
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Mr. Tony Masso ☐ Change ☒ Addition
5.2 NAME Integrated Health Services
5.3 STREET ADDRESS 1006 S Red Run Blvd.
5.4 CITY-ST-ZIP Owings Mills, MO 21117

6.1 TITLE Mr. Jeremy Silverman ☒ Change ☐ Addition
6.2 NAME 135 S. LaSalle St. Ste 3800
6.3 STREET ADDRESS Chicago, Illinois 60603
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, with all other like empowered.

SIGNATURE:

Jeffrey M. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99
Date

(410) 864-4465
Daytime Phone #

CR2E034 (11/98)