


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Modcam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G88767 (0) 1. Corporation Name FIRST AMERICAN HOME CARE OF FT. LAUDERDALE, INC.			
Principal Place of Business 3528 DARIEN HWY SUITE 201 BRUNSWICK GA 31525 US		Mailing Address 3528 DARIEN HWY ATTN: PAMEL SMITH LEGAL DEPT BRUNSWICK GA 31525 US	
2. Principal Place of Business 21 10065 Red Run Blvd. Suite, Apt. #, etc. 22		2a. Mailing Address 25 10065 Red Run Blvd. Suite, Apt. #, etc. 27	
City & State 23 Owings Mills, MD Zip 24 21117		City & State 28 Owings Mills, MD Zip 29 21117	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 85 Zip Code FL			
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 resigning.) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	CEO	<input type="checkbox"/> DELETE	
NAME	CHAMBERLAIN, FRANK		
STREET ADDRESS	3528 DARIEN HWY		
CITY-ST-ZIP	BRUNSWICK GA		
TITLE	CFO	<input type="checkbox"/> DELETE	
NAME	CANSLER, CHARLES		
STREET ADDRESS	3528 DARIEN HWY		
CITY-ST-ZIP	BRUNSWICK GA		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	MILLS, DAVID G.		
STREET ADDRESS	211 RIVER RIDGE RD.		
CITY-ST-ZIP	BRUNSWICK GA		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MILLS, V JOEL		
STREET ADDRESS	3528 DARIEN HWY		
CITY-ST-ZIP	BRUNSWICK GA		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	WELCH, J. ALAN		
STREET ADDRESS	111 ROSEMONT		
CITY-ST-ZIP	ST. SIMONS ISLAND GA		
TITLE		<input checked="" type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Lawrence P. Cirka		
1.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC.		
1.4 CITY-ST-ZIP	10065 RED RUN BLVD. OWINGS MILLS, MD 21117		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Mark Fulchino		
2.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC.		
2.4 CITY-ST-ZIP	10065 RED RUN BLVD. OWINGS MILLS, MD 21117		
3.1 TITLE	Soc/6	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Mark B. Levin		
3.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC.		
3.4 CITY-ST-ZIP	10065 RED RUN BLVD. OWINGS MILLS, MD 21117		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	Bradley Bennett		
4.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC.		
4.4 CITY-ST-ZIP	10065 RED RUN BLVD. OWINGS MILLS, MD 21117		
5.1 TITLE	ND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	Marshall A. Elkins		
5.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC.		
5.4 CITY-ST-ZIP	10065 RED RUN BLVD. OWINGS MILLS, MD 21117		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 Fulchino* *7/22/97* *(410) 998-8578*

CR2E034 (4/97)