

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G88767** (0)  
1. Corporation Name  
**IHS HOME CARE SERVICES OF FT. LAUDERDALE, INC.**



Principal Place of Business <b>10065 RED RUN BLVD OWINGS MILLS MD 21117 US</b>	Mailing Address <b>10065 RED RUN BLVD OWINGS MILLS MD 21117 US</b>
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>03/05/1984</b>	
25		30		4. FEI Number <b>59-2439008</b> Applied For <input type="checkbox"/> Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 <b>FL</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P ROBERT N ELKINS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHAMBERLAIN, FRANK</b>		1.2 NAME	<b>Integrated Health Services, Inc.</b>	
STREET ADDRESS	<b>3528 DARIEN HWY</b>		1.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>	
CITY-ST-ZIP	<b>BRUNSWICK GA</b>		1.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>T BRADLEY BENNETT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CANSLER, CHARLES</b>		2.2 NAME	<b>Integrated Health Services, Inc.</b>	
STREET ADDRESS	<b>3528 DARIEN HWY</b>		2.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>	
CITY-ST-ZIP	<b>BRUNSWICK GA</b>		2.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>V P MARK FULCHINO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLS, DAVID G.</b>		3.2 NAME	<b>Integrated Health Services, Inc.</b>	
STREET ADDRESS	<b>211 RIVER RIDGE RD.</b>		3.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>	
CITY-ST-ZIP	<b>BRUNSWICK GA</b>		3.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>S MARC BLEVIN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLS, V JOEL</b>		4.2 NAME	<b>Integrated Health Services, Inc.</b>	
STREET ADDRESS	<b>3528 DARIEN HWY</b>		4.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>	
CITY-ST-ZIP	<b>BRUNSWICK GA</b>		4.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>	
TITLE	AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D MARSHALL ELKINS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, J. ALAN</b>		5.2 NAME	<b>Integrated Health Services, Inc.</b>	
STREET ADDRESS	<b>111 ROSEMONT</b>		5.3 STREET ADDRESS	<b>10065 Red Run Blvd.</b>	
CITY-ST-ZIP	<b>ST. SIMONS ISLAND GA</b>		5.4 CITY-ST-ZIP	<b>Owings Mills, MD 21117</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		
NAME	<b>CIRKA, LAWRENCE P</b>		6.2 NAME		
STREET ADDRESS	<b>10065 RED RUN BLVD</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>OWINGS MILLS MD</b>		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.

SIGNATURE: *Mark Fulchino* *4/25/98* *1410998-8578*

CR2E034 (10/97)