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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G88767**

1. Corporation Name

IHS HOME CARE SERVICES OF FT. LAUDERDALE, INC.

Principal Place of Business
10065 RED RUN BLVD
OWINGS MILLS MD 21117

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90287 004 *2,400.00



Principal Place of Business Mailing Address					
10065 RED RUN BLVD 10065 RED RUN BLVD					
OWINGS MILLS MD 21117 OWINGS MILLS MD 21117					DO NOT WRITE IN THIS SPACE
US		US			
					3. Date Incorporated or Qualifed
					03/05/1984
2. Principat 日	ace of Business N. Military Trail	2a. Mailing Address	λ 17.0	Ev+	4. FEI Number Applied For
21			Ave.	EXC	33 2403000
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22 Suite 240 27					ree Required
City & State		Mommhia MN	City & State		6. Election Campaign Financing \$5.00 May Be
23 Boca	Raton, FL	Memphis, TN			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		This corporation owes the current year Intangible
24 3343	1 25 USA	29 38112	29 38112 30 USA		Personal Property Tax. ☐ X Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
_	CORPORATION SYSTEM		82	Stroot	Address (P.O. Box Number is Not Acceptable)
1200	S. PINE ISLAND ROAD		62	Succi	Address (F.O. Dox Halliber to Hall Addeption)
PLAN	NTATION FL 33324		83		
			84	City	F1 85 Zip Code
	40.07.0500	and COT 4500 Florida Chatatan	**		corporation submits this statement for the purpose of changing its registered
Office or n	enietored agent or both in the State o	f Florida. Such change was auth	orized by	the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes		
SIGNATURE					
	Signature, typed or printed name of registered agent			nt signature i	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D, Chief Executive Office hange Addition
TITLE	Р	☐ DELETE	1.1 TITLE		Stephen H. Winters
NAME	ELKINS, ROBERT N	:	1.2 NAME		2714 Union Ave. Extd.
STREET ADDRESS	10065 RED RUN BLVD		1.3 STREET		Memphis, TN 38112
CITY-ST-ZIP	OWNING MILLS MD 21117		14 CITY-S	T-ZIP	
TITLE	T	r DELETE	2.1 TITLE		P ⊠ Change Addition
NAME	BENNETT, BRADLEY		2.2 NAME		John R. Koch
STREET ADDRESS	10065 RED RUN BLVD		2.3 STREET		2714 Union Ave. Extd.
CITY-ST-ZIP	OWINGS MILLS MD 21117		2.4 CITY-5	T-ZIP	Memphis, TN 38112
TITLE	VP	☐ DELETE	3.1 TITLE		S
NAME	FULCHINO, MARK		3.2 NAME		Michael J. Boling
STREET ADDRESS	10065 RED RUN BLVD			LANDRESS.	2714 Union Ave Extd
	OWINGS MILLS MD 21117		3.4. CITY-S		Memphis, TN 38112
CITY-ST-ZIP	S S	▼ DELETE	4.1 TITLE	1- ZIP	Change Addition
TITLE		G DECEN			
NAME	LEVIN, MARC B		4. 2 NAME		
STREET ADDRESS	10065 RED RUN BLVD		4.3 STREET		
CITY-ST-ZIP	OWINGS MILLS MD 21117	Table	4.4 CITY-S	T-ZIP	Channa Channa
אווועב	D	X DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ELKINS, MARSHALL		5.2 NAME		
STREET ADDRESS	10065 RED RUN BLVD		5.3 STREET	TADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	i	5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	TADDRESS	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	
	are at a state of the state of the state of	N 1 CI			d in Section 119 07(3)(i) Florida Statutes I further certify that the information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, Florida 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:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

901-454-2484