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

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H62667 (1)

1. Corporation Name
HEALTH CARE INDUSTRIES, INC.

Principal Place of Business
~~DEPT 924-18~~
~~10400 FERNWOOD RD~~
~~BETHESDA MD 20817~~
~~US~~
Integrated Health Services, Inc.
10065 Red Run Blvd.
Owings Mills, MD 21117

Mailing Address
~~DEPT. 924-18~~
~~10400 FERNWOOD ROAD~~
~~BETHESDA MD 20817~~
Integrated Health Services, Inc.
10065 Red Run Blvd
Owings Mills, MD 21117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1985

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-2543447 ☐ 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
~~THE PRENTICE-HALL CORPORATION SYSTEM, INC.~~
~~1201 HAYS STREET~~
~~SUITE 105~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Numbers Not Acceptable): 1200 S. Pine Island Rd
83
84 City: Plantation FL 85 Zip Code: 33324

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: Alexandra Hamilton, Special Assistant Secretary 4/30/98
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	GARRETT BRAGG	
STREET ADDRESS	11320 RANDOM HILLS ROAD, SUITE 400	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	VP	☐ DELETE
NAME	PAUL E JOHNSON	
STREET ADDRESS	11320 RANDOM HILLS ROAD, SUITE 400	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	VP	☐ DELETE
NAME	WILLIAM J SHAW	
STREET ADDRESS	11320 RANDOM HILLS ROAD, SUITE 400	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	S	☐ DELETE
NAME	JOAN RECTOR MCGLOCKTON	
STREET ADDRESS	11320 RANDOM HILLS ROAD, SUITE 400	
CITY-ST-ZIP	FAIRFAX VA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D ROBERT N ELKINS	☒ Change ☐ Addition
1.2 NAME	Integrated Health Services, Inc.	
1.3 STREET ADDRESS	10065 Red Run Blvd.	
1.4 CITY-ST-ZIP	Owings Mills, MD 21117	
2.1 TITLE	VP MARK FULCHINO	☒ Change ☐ Addition
2.2 NAME	Integrated Health Services, Inc.	
2.3 STREET ADDRESS	10065 Red Run Blvd.	
2.4 CITY-ST-ZIP	Owings Mills, MD 21117	
3.1 TITLE	VP BRADLEY BENNETT	☒ Change ☐ Addition
3.2 NAME	Integrated Health Services, Inc.	
3.3 STREET ADDRESS	10065 Red Run Blvd.	
3.4 CITY-ST-ZIP	Owings Mills, MD 21117	
4.1 TITLE	Sec MARK B LEVIN	☒ Change ☐ Addition
4.2 NAME	Integrated Health Services, Inc.	
4.3 STREET ADDRESS	10065 Red Run Blvd.	
4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
5.1 TITLE	D/C MARSHALL ELKINS	☐ Change ☒ Addition
5.2 NAME	Integrated Health Services, Inc.	
5.3 STREET ADDRESS	10065 Red Run Blvd.	
5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****150.00 ****150.00

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, Mark Fulchino, Director, May 1, 1998

CR2E034 (10/97)