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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **H62667** (1)

1. Corporation Name
HEALTH CARE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
DEPT 824-18 10400 FERNWOOD RD BETHESDA MD 20817 US **Integrated Health Services, Inc.** **10065 Red Run Blvd.** **Owings Mills, MD 21117**	DEPT. 824-18 10400 FERNWOOD ROAD BETHESDA MD 20817 **Integrated Health Services, Inc.** **10065 Red Run Blvd.** **Owings Mills, MD 21117**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/18/1985	
21	26	4. FEI Number: 59-2543447	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 or title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	ROBERT N ELKINS	☒ Change ☐ Addition
NAME	GARRETT BRAGG		1.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS ROAD, SUITE 400		1.3 STREET ADDRESS	Integrated Health Services, Inc. 10065 Red Run Blvd.	
CITY-ST-ZIP	FAIRFAX VA		1.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	VP	☐ DELETE	2.1 TITLE	MARK FULCHINO	☒ Change ☐ Addition
NAME	PAUL E JOHNSON		2.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS ROAD, SUITE 400		2.3 STREET ADDRESS	Integrated Health Services, Inc. 10065 Red Run Blvd.	
CITY-ST-ZIP	FAIRFAX VA		2.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	VP	☐ DELETE	3.1 TITLE	BRADLEY BENNETT	☒ Change ☐ Addition
NAME	WILLIAM J SHAW		3.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS ROAD, SUITE 400		3.3 STREET ADDRESS	Integrated Health Services, Inc. 10065 Red Run Blvd.	
CITY-ST-ZIP	FAIRFAX VA		3.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	S	☐ DELETE	4.1 TITLE	MARK B LEVIN	☒ Change ☐ Addition
NAME	JOAN RECTOR MCGLOCKTON		4.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS ROAD, SUITE 400		4.3 STREET ADDRESS	Integrated Health Services, Inc. 10065 Red Run Blvd.	
CITY-ST-ZIP	FAIRFAX VA		4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE		☐ DELETE	5.1 TITLE	DIC MARSHALL ELKINS	☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	Integrated Health Services, Inc. 10065 Red Run Blvd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 VP/CFO 4/30/98