

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90287 004 *2,400.00

DOCUMENT # **H62667** 1. Corporation Name

HEALTH CARE INDUSTRIES, INC.

Principal Plac	e of Business	Mailing Address						
INTEGRATED HEALTH SERVICES		INTEGRATED HEALTH SERVICES						
10065 RED RUN BLVD.		10065 RED RUN BLVD. OWINGS MILLS MD 21117 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
OWINGS MILES MD 21117								
**		•••				06/18/1985		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
2650	N. Military Trail	26 2714 Union A	ve.	Ext	td.	59-2543447		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	5 Additional
22 Suit	e 240	27				5. Certificate of Status Desired	Fe	e Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23 Boca Raton, FL		Memphis, TN			Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Cour	•		8. This corporation owes the current year		П.,
24 3343		29 38112 30	US	<u> </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	ered Agent	
OT (CODDODATION CVCTCM			81 Nan	ne			
CT CORPORATION SYSTEM			ı	82 Street Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD								
PLAI	NTATION FL 33324			83				
			Ì	84 City			FI 85	Zip Code
	10.000000	007 4500 Flacida Ptakida	40.00		ad aarna	ration submits this statement for the purpo	se of changin	n its registered
office or r	registered agent, or both, in the State o	of Florida. Such change was auth	orized	by the co	rporation	's board of directors. I hereby accept the	appointment a	s registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statu	tes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Ra	nisterer!	Agent signal	ire required	when reinstating) DA	TÉ	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS IN 12
TITLE	P	DELETE	1.1 111		D,	Chief Executive Office	er 😿 🙀	nge _ Addition
NAME	ELKINS, ROBERT		1.2 NA	ME	st	ephen H. Winters		
STREET ADDRESS			1.3 STF	REET ADDRE	ss 27	'14 Union Ave. Extd		
CITY-ST-ZIP	OWINGS MILLS MD 21117			Y-ST-ZIP		emphis, TN 38112		
TITLE	VP	☐ DELETE	2.1 TIT	_	P		☑ Cha	nge Addition
NAME	FULCHINO, MARK		2.2 NA	ME	Joh	n R. Koch		
STREET ADDRESS			2.3 STF	REET ADDRE	_{ss} 271	4 Union Ave. Extd.		
CITY-ST-ZIP	OWINGS MILLS MD 21117		2.4 CF	ry-ST-ZIP	Mem	phis, TN 38112		
TITLE	T	DELETE	3.1 TIT		S		⋉ Cha	nge 🔲 Addition
NAME	BENNETT, BRADLEY	-	3.2 NA	ME	Mic	hael J. Boling		
STREET ADDRESS			3.3 STF	REET ADDRE	ss 271	4 Union Ave. Extd.		
CITY-ST-ZIP	OWINGS MILLS MD 21117			ry-ST-ZIP		phis, TN 38112		
TITLE	S	₩ DELETE	4.1 TIT				☐ Cha	nge 🔲 Addition
NAME	LEVIN, MARK		4. 2 NA	МЕ				
STREET ADDRESS			4.3 ST	REET ADDRE	ss			
CITY-ST-ZIP	OWINGS MILLS MD 21117		ì	Y-ST-ZIP				
TITLE	D	⊠ DELETE	5.1 TIT				Cha	nge Addition
NAME.	ELKINS, MARSHALL		5.2 NA	ME				
STREET ADDRESS	10065 DED PLIN RIVD		5.3 STF	REET ADDRE	ss			

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 of 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 changes, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS 10065 RED RUN BLVD.

OWINGS MILLS MD 21117

John R. Koch OFFICER OR DIRECTOR

□ DELETE

4/28/99

Change

Addition