

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K95096 (9)  
1. Corporation Name  
FIRST AMERICAN HOME CARE OF NAPLES, INC.

Principal Place of Business  
3528 DARIEN HWY  
SUITE 209  
BRUNSWICK GA 31525  
US

Mailing Address  
3528 DARIEN HWY  
PAMELA SMITH, LEGAL DEPT.  
BRUNSWICK GA 31525  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 10065 Red Run Blvd  
Suite, Apt. #, etc.  
22  
City & State  
23 Owings Mills, MD  
Zip Country  
24 21117 25 USA  
2a. Mailing Address  
26 10065 Red Run Blvd.  
Suite, Apt. #, etc.  
27  
City & State  
28 Owings Mills, MD  
Zip Country  
29 21117 30 USA

3. Date Incorporated or Qualified 06/13/1989  
3a. Date of Last Report 05/01/1996  
4. FEI Number 59-2439008  
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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	CHAMBERLAIN, FRANK	3528 DARIEN HWY BRUNSWICK GA		<input type="checkbox"/>
COO	MILLS, MARGIE B.	2680 FEDERICA ROAD ST SIMONS ISLAND GA		<input type="checkbox"/>
STD	MILLS, DAVID G.	211 RIVER RIDGE ROAD BRUNSWICK GA		<input type="checkbox"/>
D	DOBSON, ANGELA M.	505 INVERNESS CT ST SIMONS ISLAND GA		<input type="checkbox"/>
D	MILLS, JOEL V.	125 PALMETTO COURT ST SIMONS ISLAND GA		<input type="checkbox"/>
AS	WELCH, J. A	111 ROSEMONT ST. SIMONS ISLAND GA		<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	Lawrence P. Cirka	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD. OWINGS MILLS, MD 21117		<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	mark Fulchino	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD. OWINGS MILLS, MD 21117		<input checked="" type="checkbox"/>	<input type="checkbox"/>
sec/o	marc B. Levin	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD. OWINGS MILLS, MD 21117		<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Bradley Bennett	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD. OWINGS MILLS, MD 21117		<input checked="" type="checkbox"/>	<input type="checkbox"/>
vo	Marshall A. Elkins	INTEGRATED HEALTH SERVICES, INC. 10065 RED RUN BLVD. OWINGS MILLS, MD 21117		<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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: [Signatures] 7/22/97 (111) 998-8578

CR2E034 (4/97)

FILED  
Aug 04 1997 8:00am  
Secretary of State