

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **K95096** (9)
1. Corporation Name
IHS HOME CARE SERVICES OF NAPLES, INC.

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

Mailing Address
**10065 RED RUN BLVD
OWINGS MILLS MD 2117
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-2439008	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAMBERLAIN, FRANK			1.2 NAME	ROBERT N ELKINS		
STREET ADDRESS	3528 DARIEN HWY			1.3 STREET ADDRESS	Integrated Health Services, Inc.		
CITY-ST-ZIP	BRUNSWICK GA			1.4 CITY-ST-ZIP	10065 Red Run Blvd.		
TITLE	COO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLS, MARGIE B.			2.2 NAME	MARC B LEVIN		
STREET ADDRESS	2660 FREDERICA ROAD			2.3 STREET ADDRESS	Integrated Health Services, Inc.		
CITY-ST-ZIP	ST SIMONS ISLAND GA			2.4 CITY-ST-ZIP	10065 Red Run Blvd.		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLS, DAVID G.			3.2 NAME	BRADLEY BENNETT		
STREET ADDRESS	211 RIVER RIDGE ROAD			3.3 STREET ADDRESS	Integrated Health Services, Inc.		
CITY-ST-ZIP	BRUNSWICK GA			3.4 CITY-ST-ZIP	10065 Red Run Blvd.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOBSON, ANGELA M.			4.2 NAME	MARK FULCHINO		
STREET ADDRESS	505 INVERNESS CT			4.3 STREET ADDRESS	Integrated Health Services, Inc.		
CITY-ST-ZIP	ST SIMONS ISLAND GA			4.4 CITY-ST-ZIP	10065 Red Run Blvd.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLS, JOEL V.			5.2 NAME	MARSHALL ELKINS		
STREET ADDRESS	125 PALMETTO COURT			5.3 STREET ADDRESS	Integrated Health Services, Inc.		
CITY-ST-ZIP	ST SIMONS ISLAND GA			5.4 CITY-ST-ZIP	10065 Red Run Blvd.		
TITLE	P	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CIRKA, LAWRENCE P			6.2 NAME			
STREET ADDRESS	10065 RED RUN BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD			6.4 CITY-ST-ZIP			

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** 4/28/98 (410) 998-8578

CR2E034 (10/97)