

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L87729** (4)
1. Corporation Name
CENTRAL PARK LODGES OF WEST PALM BEACH, INC.



Principal Place of Business

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

Mailing Address

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1990

4. FEI Number

59-1836485

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISL RD
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, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/>	DELETE
NAME	FULCHINO, MARK		
STREET ADDRESS	10065 RED RUN BLVD		
CITY-ST-ZIP	OWINGS MILLS MD		
TITLE	PD	<input checked="" type="checkbox"/>	DELETE
NAME	CIRKA, LAWRENCE P		
STREET ADDRESS	10065 RED RUN BLVD.		
CITY-ST-ZIP	OWINGS MILLS MD		
TITLE	T	<input type="checkbox"/>	DELETE
NAME	BENNETT, BRADLEY		
STREET ADDRESS	10065 RED RUN BLVD.		
CITY-ST-ZIP	OWINGS MILL MD		
TITLE	SD	<input type="checkbox"/>	DELETE
NAME	LEVIN, MARC B		
STREET ADDRESS	10065 RED RUN BLVD		
CITY-ST-ZIP	OWINGS MILLS MD		
TITLE	VD	<input type="checkbox"/>	DELETE
NAME	ELKINS, MARSHALL A		
STREET ADDRESS	10065 RED RUN BLVD		
CITY-ST-ZIP	OWINGS MILLS MD		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
2.2 NAME	PD			
2.3 STREET ADDRESS	ROBERT N ELKINS			
2.4 CITY-ST-ZIP	Integrated Health Services, Inc.			
3.1 TITLE	10065 Red Run Blvd.			
3.2 NAME	OWINGS MILLS, MD 21117			
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
6.2 NAME				
6.3 STREET ADDRESS				
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

1/10/98-8-78

CR2E034 (10/97)