

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 11 1998 8:00am
Secretary of State

0061998

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L92778** (4)
1. Corporation Name
INTEGRATED PATIENT SERVICES, INC.

Principal Place of Business 5310 N.W. 33RD AVE. SUITE 201 FT. LAUDERDALE FL 33309	Mailing Address 5310 N.W. 33RD AVE. SUITE 201 FT. LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/31/1990	
				4. FEI Number 64-0213902	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 PAYNE, W. A. 5550 HWY 98 E, UNIT 905 DESTIN FL 32541		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PAYNE, W.A. 5550 HWY 98 EAST, #905 DESTIN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pres W. A. Payne 9011 Hwy 98 West #905 Destin, FL 32541-7254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PAYNE, MAXINE P 2307 SUNSET DR. HATTIESBURG MS	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Sec/Treas Maxine Payne 2307 Sunset Drive Hattiesburg, MS 39401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VicePres Abb Payne 9011 Hwy 98 West # 905 Destin, FL 32541-7254
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

7-24-98 5:44-2903

(2)

MEDICAL SYSTEMS, INC.

503 Main Street • Post Office Box 1267 • Hattiesburg, Mississippi 39403 • Office 601-544-2903 • Wats 800-210-4674 • Facsimile 601-582-9553

July 29, 1998

Home Health Care of Mississippi

Columbus, Mississippi
Hattiesburg, Mississippi
Laurel, Mississippi
Poplarville, Mississippi

Home Health Care of Louisiana

Baton Rouge, Louisiana
Covington, Louisiana
Frankston, Louisiana
Houma, Louisiana
Kenner, Louisiana
Lafayette, Louisiana
Lake Charles, Louisiana
Metairie, Louisiana
Shreveport, Louisiana
Thibodaux, Louisiana

Home Health Care of New York

Albany, New York

Home Health Care of North Carolina

Charlotte, North Carolina

Home Health Care of South Carolina

Columbia, South Carolina

Home Health Care of Tennessee

Memphis, Tennessee

Home Health Care of Virginia

Richmond, Virginia

Home Health Care of West Virginia

Charleston, West Virginia

Home Health Care of Florida

Orlando, Florida

Home Health Care of Georgia

Atlanta, Georgia

Home Health Care of Alabama

Montgomery, Alabama

Florida Department of State
Department of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

Please accept the three enclosed annual reports for the following companies:

- Federal Managed Care Associates, Inc.
- USA Professional Association, Inc.
- Integrated Patient Services, Inc.

As suggested by an employee of the Division of Corporations over the telephone, we are submitting only the \$150 filing fee for each report. Because we did not receive the first notice for these reports, we are not sending the additional \$400 late penalty.

If you have any questions about these reports, please contact me at (601) 544-2900.

Sincerely,



Jennifer Caveny
Administrative Assistant