FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M71968** **(5)**

1. Corporation Name
INTEGRATED HEALTH SERVICES OF GREEN BRIAR, INC.

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

000001484810
-05/12/95--01004--001
***6200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/15/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 52-1574211	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	~~V~~	☒ Change ☐ Addition
NAME	~~ELKINS, ROBERT N.~~	12 NAME	Pickett, Taylor	
STREET ADDRESS	10065 RED RUN BLVD.	13 STREET ADDRESS		
CITY · ST · ZIP	OWINGS MILLS MD	14 CITY · ST · ZIP		
TITLE	~~VD~~	21 TITLE	PD	☒ Change ☐ Addition
NAME	CIRKA, LAWRENCE P.	22 NAME		
STREET ADDRESS	10065 RED RUN BLVD	23 STREET ADDRESS		
CITY · ST · ZIP	OWINGS MILLS MD	24 CITY · ST · ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	CAHILL, DENNIS A.	32 NAME		
STREET ADDRESS	10065 RED RUN BLVD	33 STREET ADDRESS		
CITY · ST · ZIP	OWINGS MILLS MD	34 CITY · ST · ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	LEVIN, MARC B.	42 NAME		
STREET ADDRESS	10065 RED RUN BLVD.	43 STREET ADDRESS		
CITY · ST · ZIP	OWINGS MILLS MD	44 CITY · ST · ZIP		
TITLE	~~D~~	51 TITLE	5/1/95 mst	☒ Change ☐ Addition
NAME	~~SCRUGHY, RICHARD~~	52 NAME		
STREET ADDRESS	~~1 PERIMETER PARK SO~~	53 STREET ADDRESS		
CITY · ST · ZIP	~~BIRMINGHAM AL~~	54 CITY · ST · ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	ELKINS, MARSHALL A.	62 NAME		
STREET ADDRESS	10065 RED RUN BLVD.	63 STREET ADDRESS		
CITY · ST · ZIP	OWINGS MILLS MD	64 CITY · ST · ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Taylor Pickett 1/20/95 (410)998-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000B548 CP