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

. PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # M71968

(5)

INTEGRATED HEALTH SERVICES OF GREEN BRIAR, INC.

FILED

Feb 20 1997 8:00am Secretary of State



Suite. Apt. #, etc Suite, Apt. #, etc. 22 2 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be									
OWNINGS MILLS ND 21117 NOWNINGS MILLS ND 211174827 US SUB- Application of Business 2a. Molling Address 4. FEI humber 2a. Molling Address 5a. Date incorporated or Qualified 5a. Date of Last Report QS/15/1988 2b. Date of Last Report QS/15/15/1988 2b. Date of Last Report QS/15/15/15/15/15/15/15/15/15/15/15/15/15/	Principal Prace of Business Mailing Address						T TO BE TAKEN THE LEGAL TO THE PARTY OF THE TOUR TO THE	YANG DINKI NIBIL NIBIL	// 0/0/1 Dib/1 !00 1
Cyrincipul Place of Blusmess 2a. Mailing Address 2. Finish	10065 RED RUN BLVD OWINGS MILLS IND 21117 10065 RED RUN BLVD OWINGS MILLS IND 21117			17-4827	1827				
Suite, Apt. 8, do: Suite, Apt. 8, do: Suite, Apt. 8, do: Suite, Apt. 8, etc. Su									
Suite, Apt. #, clic. Suite, Apt. #, etc.									Applied For
City & Status Desired Fee Required Fee Required	21						52-1574211		
City & State		#, etc					5. Certificate of Status Desired		
Zp Country Zp Sp		e	City & State				6. Election Campaign Financing		.00 May Be
22 29 30 Florida Statutes 76 Per No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 110. Name and Address of New Registered Agent 1100 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	23			1 0					
S. Name and Address of Current Registered Agent C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Sireet Address (P.O. Box Number is Not Acceptable) 83		h	} ₁ `	\vdash	ntry		· · · · · · · · · · · · · · · · · · ·		ler s. 199.032,
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its 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 in mineral with a min-arrival with a m	24			[30]					
1200 SOUTH PINE ISLAND ROAD 1200 SOUTH PINE ISLAND ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROA	СТ				B1	Name			
PLANTATION FL 33324 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 agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Signature Temperature of the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Signature Temperature of the purpose of changing its registered agent. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Signature Temperature of the purpose of changing its registered agent. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the corporation accept the corporation and of rectors. I horizon the corporation accept the corporation accept the corporat					82	Street Addres	es (P.O. Boy Number is Not Acceptable	2)	
11. Pursuamt to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida Statutes, the operation of directors. Thereby accept the appointment as registered agent and familiary with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE FULCHINO, MARK 12. DELETE 13. TITLE 12. NAME FULCHINO, MARK 10.008 RED RUN BLVD. OWINOS MILLS MD 14. CITY-ST-2P OWINOS MILLS MD 14. CITY-ST-2P OWINOS MILLS MD 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ST-2P OWINOS MILLS MD 14. CITY-ST-2P OWINOS MILLS MD 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ST-2P OWINOS MILLS MD 16. CITY-ST-2P OWINOS MILLS MD 17. ST-2P OWINOS MILLS MD 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. CIRKA, LAWRENCE P. 19. CIRKA, LAWRENCE P. 19. CIRKA, LAWRENCE P. 10. Change Addition 19. Addition 19. Change Addition 1	PLA	INTATION FL 33324				Ollect Abole	as (1.0. box Hambor is real Accopiable		
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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE V					83				
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 agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					84	City		FI 85	Zip Code
agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Section 1 familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Section 1 familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE Registered Agent signature required when rematating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE V DELETE 11 TITLE V DIRECTADORSS CITY-ST-2P OWINGS MILLS MD DELETE 21 TITLE PD DELETE 22 NAME CIRKA, LAWRENCE P. 10085 RED RUN BLVD 23 SIREET ADDRESS CITY-ST-2P OWINGS MILLS MD 24 CITY-ST-2P TITLE V DELETE 31 TITLE CAHILL, DENNIS A. 32 NAME CAHILL, DENNIS A. 33 SIREET ADDRESS OWINGS MILLS MD 33 SIREET ADDRESS OWINGS MILLS MD 34 CITY-ST-2P TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD DELETE 42 TITLE SD DELETE 43 TITLE SD DELETE 44 TITLE SD DELETE A4 CITY-ST-2P OWINGS MILLS MD 44 CITY-ST-2P TITLE SD DELETE SD DELETE 45 TITLE SD DELETE 45 TITLE SD DELETE 45 TITLE Change Addition AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Addition AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Change Addition AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Change Addition Change Addition AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Change Addition Change Addition AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Change Change Addition Change Change								rpose of changi	
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V DELETE 11 TITLE FULCHINO, MARK 10085 RED RUN BLVD. OWINGS MILLS MD CIRKA, LAWRENCE P. SIREET ADDRESS CITY-ST-ZIP TITLE V DELETE 21 TITLE PD CIRKA, LAWRENCE P. 22 NAME SIREET ADDRESS CITY-ST-ZIP TITLE V DELETE 31 TITLE V DELETE 41 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 42 NAME 42 NAME 42 NAME 42 NAME 44 CITY-ST-ZIP TITLE VD DELETE 51 TITLE VD DELETE 51 TITLE DELETE	office or r	registered agent, or both, in the Sta	ite of Florida. Such change was	s authorized	d by t	the corporatio	n's board of directors. I hereby accept	the appointmer	nt as registered
Square Ligans to perhady carry of the potential agams and title + apposable (NOTE Positived Agams signature required when renstating) DATE		in termina with and docopi the op-	igations of occiton correcto, i	iona otal	.u.co.				}
TITLE	SIGNATURE	Signature Typed or printed name of registered	agent and title it applicable. (No	OTE: Registered	d Agen	t signature required	1 when reinstating)	DATE	
NAME	12.	OFFICERS A		13.			ADDITIONS/CHANGES TO OFFICE		
13 STREET ADDRESS 10065 RED RUN BLVD.	TALE	V	☐ DELETE	1.1 TO	TLE	ļ		L. Cha	nge L Addition
OWINGS MILLS MD Itile PD CIRKA, LAWRENCE P. SIREET ADDRESS CITY-ST-ZIP OWINGS MILLS MD ITILE CHIRA, LAWRENCE P. SIREET ADDRESS CITY-ST-ZIP OWINGS MILLS MD IDELETE ITILE CAHILL, DENNIS A. STREET ADDRESS CITY-ST-ZIP OWINGS MILLS MD IDELETE ITILE CAHILL, DENNIS A. IDO65 RED RUN BLVD OWINGS MILLS MD ITILE SD CITY-ST-ZIP OWINGS MILLS MD ITILE SD LEVIN, MARC B. STREET ADDRESS OWINGS MILLS MD IDELETE ITILE SD CITY-ST-ZIP OWINGS MILLS MD IDELETE ITILE SD CITY-ST-ZIP OWINGS MILLS MD IDELETE ITILE STREET ADDRESS OWINGS MILLS MD IDELETE ITILE Change Addition Additi	NAME			1.2 N/	AME				
DELETE DELETE 2.1 TITLE Change Addition	STREET ADDRESS			1.3 \$1	rreet A	ADDRESS			
CIRKA, LAWRENCE P. 22 NAME 23 STREET ADDRESS 10065 RED RUN BLVD 0			DECEZE.			- ZIP			and I deliver
10065 RED RUN BLVD		, -	L" DELETE					[_] Cha	nge Addition
CITY-ST-ZIP									
TITLE CAHILL, DENNIS A. STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OWINGS MILLS MD DELETE 4.1 TITLE 1.0065 RED RUN BLVD. 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP TITLE VD CHANGE LEKINS, MARSHALL A. STREET ADDRESS STREET ADDRESS 10065 RED RUN BLVD. 5.1 TITLE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS			,	1		111			ļ
NAME STREET ADDRESS CITY-ST-ZIP OWINGS MILLS MD DELETE ADDRESS CITY-ST-ZIP TITLE SD LEVIN, MARC B. STREET ADDRESS CITY-ST-ZIP OWINGS MILLS MD DELETE ADDRESS CITY-ST-ZIP TITLE SD LEVIN, MARC B. Addition			DELETE			r-zie			ngo T Addition
10065 RED RUN BLVD		Ţ	X DELETE					L., UIA	mgc 1 Moonion
OWINGS MILLS MD 3.4 CITY-ST-ZIP SD DELETE 4.1 TITLE Change Addition			* 1			NDDECC			ļ
SD									,
NAME LEVIN, MARC B. 4.2 NAME 10065 RED RUN BLVD. 0WINGS MILLS MD 4.4 CITY_ST-ZIP			DELETE			- ZIP	· , , , , , , , , , , , , , , , , , , ,	T Chr	nge Addition
10065 RED RUN BLVD. 43 STREET ADDRESS OWINGS MILLS MD		1 · · · · · · · · · · · · · · · · · · ·						L (1)	
OWINGS MILLS MD						IDDBESS			
THE VD DELETE 5.1 TITLE Change Addition NAME ELKINS, MARSHALL A. 52 NAME 20002093562 STREET ADDRESS 10065 RED RUN BLVD. 53 STREET ADDRESS -02/20/9701092003		_							
NAME ELKINS, MARSHALL A. 52 NAME 20002093562 10065 RED RUN BLVD. 53 STREET ADDRESS -02/20/9701092003		1	DELETE			F.0		Chi	ange Addition
STREET ADDRESS 10065 RED RUN BLVD. 53 STREET ADDRESS -02/20/9701092003	1			1		., .,, .	20000209		
00m000 00 00 00 00 00 00 00 00 00 00 00						Ì	-02/20/970109	2003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 1.0065 RED RUN BLVD. OWINGS MILLS, MD 21117 VB 2-20						1			4
NAME STREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CWINGS MILLS, MD 21117 VB 3-20		<u> </u>	DELETE			বি		☐ Ch;	ange Addition
STREET ADDRESS LOO65 RED RUN BLVD. CITY-ST-ZIP OWINGS MILLS, MD 21117 VB 3-20				6.2 N	AME	12	innests bradleu		<i>5</i> \
CHY-ST-ZIP OWINGS MILLS, MD 21117 VB 2-20				6.3 S	TREET /		יו אין וואכ		
							OWINGS MILLS, MD 21117		VB 2-20

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