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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M71968

1. Corporation Name

INTEGRA	ATED HEALTH SERVICES O	of Green	BRIAR, INC.							
<u> </u>	···				· · · · · ·				A BUBAR BROKE BUBUR 1	PRIN BIBIN 1881
Principal Place of Business Mailing Address										
10065 RED RUN BLVD 10065 RED RUN BLVD OWINGS MILLS MD 21117 OWINGS MILLS MD 21117										
US US							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qua	lifed		
ļ	·				_		03/15/1988			
├ ─ '	lace of Business	2a. Mailin	g Address		_		4. FEI Number			oplied For
21		26					52-1574211			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desir	ed 🗆	\$8.75 /	Additional equired	
22 27 City & State City & State						A Stadio O maria Fina				
_ ′	e	28	x State				6. Election Campaign Finan Trust Fund Contribution		\$5.00 Added 1	· ·
Zip	Country	Zip		Count	TY		8. This corporation owes the	current year		39.000
24	25	29		30	•		Personal Property Tax.	- Ou. () Ou.	Yes	□No
	9. Name and Address of Curren		Agent				10. Name and Address of N	ew Registere	d Agent	
				8	1 Nam	ie				ì
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD			8	2 Stree	et Addre	ss (P.O. Box Number is Not Ac	ceptable)		
PLANTATION FL 33324			8	3		<u></u>	 			
				8	4 City				. 85 Zip (Code
				1	1			<u>F</u>	Lili	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.150 of Florida. Suc	8, Florida Statut h change was a	es, the about othorized b	ove-name by the co	ed corpo rporation	ration submits this statement to 's board of directors. I hereby	r the purpose accept the app	of changing its pointment as re	gistered
agent. I a	m familiar with, and accept the obligat	ations of, Section	n 607.0505, Flo	rida Statut	95.					
SIGNATURE	Standure, byted or printed name of registered aden	nt and title if applicab	ole. (NOTE	Registered A	ent signatu	re required	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agen			Registered A	gent signatu	re required	when reinstating) ADDITIONS/CHANGES TO		AND DIRECTO	DRS IN, 12
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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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP