

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M72633 (4)**  
 1. Corporation Name  
**BETHAMY LIVING CENTER MANAGEMENT COMPANY**



Principal Place of Business <b>10065 RED RUN BLVD                  OWINGS MILLS MD 21117                  US</b>	Mailing Address <b>10065 RED RUN BLVD                  OWINGS MILLS MD 21117                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		<b>3. Date Incorporated or Qualified</b> <b>03/18/1988</b>	<b>4. FEI Number</b> <b>33-0502084</b> Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM</b> <b>1200 S PINE ISLAND RD</b> <b>PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIRKA, LAWRENCE P.	1.2 NAME	P ROBERT N ELKINS
STREET ADDRESS	10065 RED RUN BLVD	1.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	OWINGS MILLS MD	1.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Owings Mills, MD 21117 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BRADLEY	2.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK	3.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC	4.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL A.	5.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* *Robert N Elkins* *Marshall A Elkins* (110) 998-8578

CR2E034 (10/97)