SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P33783 MERICAN HEALTH CARE O							
Principal Plac	e of Business	Mailing Address			- 1981100110011001400141419141001441	ii sisii didii dibii dibi	 	
3728 PHILLIPS HWY 3528 DARIEN HIGHWAY								
SUITE 212 ATTN: SONYA SNOV								
JACKSONVILLE FL 32207-6880		BRUNSWICK GA 31521 US			DO NOT WRITE IN			
					3. Date incorporated or Qualified 3 04/26/1991	Ba. Date of Last F	Report	
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address , , , , , , , , , , , , , , , , , ,		4, FE) Number	05/01/1996	antical Fac	
21 1006	~ ~ 1	26 10065 Red	ZUN Place	1.	58-1552717		pplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	TOILDIAG	<u> </u>		¢0.75	Additional	
22		City & State			5. Certificate of Status Desired		equired	
City & State					6. Election Campaign Financing \$5.00 May Be			
23 WIN		28 OWINGS M.	Ls_MID		Trust Fund Contribution	Added	to Fees	
Zip)	117 25 USA	Zp	Country		8. This corporation owes or has paid the			
24	9, Name and Address of Current		o USA		Personal Property Tax due June 30. 10. Name and Address of New Regist		No No	
CT CORPORATION SYSTEM 81 Name					IV. Halle and Address of New Negist	ered Agent		
1200 S PINE ISLAND ROAD								
PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable)					
1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			83					
			84 City			FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named	corpoi			ts registered	
office or n	egistered agent, or both, in the State o im familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607.0505, Florid	lhorized by the cor da Statutes.	poration	ration submits this statement for the purpon's board of directors. I hereby accept the	e appointment as	registered	
SIGNATURE		,						
	Signature, typed or printed name of registered agent		Rugistured Agent signature	e required		ATE.		
12.	OFFICERS AND	DIRECTORS DELETE	13.	r)n	ADDITIONS/CHANGES TO OFFICERS			
NAME	CHAMBERLAIN FRANK M.		1.1 THLE 1.2 NAME	PD	Lawrence P. Cirka INTEGRATED HEALTH SERVICES, INC.	L Change	☐ Addition	
STREET ADDRESS	3528 DARIEN HIGHWAY		1.3 STREET ADDRESS		10065 RED RUN BLVD.			
CITY-ST-ZIP	BRUNSWICK GA		1.4 CITY-ST-ZIP		OWINGS MILLS, MD 21117			
TALE	ST	DELETE	2.1 TITLE	V	MICHAEL FULLINO MICHAEL HEALTH SERVICES, INC	Change	Addition	
NAME	MILLS, DAVID G.		2.2 NAME	*	MICORATED HEALTH SERVICES INC	<u></u>		
STREET ADDRESS	211 RIVER RIDGE RD		2.3 STREET ADDRESS		10065 RED RUN BLVD.	lı		
CITY-ST-ZIP	BRUNSWICK GA		2. 4 CITY - ST - ZIP		OWINGS MILLS, MD 21117			
TITLE	CFO	☐ DELETE	3.1 TITLE	SOC/D	Marc B. Levin	Change	Addition	
NAME	CANSLER, CHARLES		3.2 NAME		INTEGRATED HEALTH SERVICES, INC.			
STREET ADDRESS	3528 DARIEN HIGHWAY		3.3 STREET ADDRESS		10065 RED RUN BLVD.			
CITY-ST-ZIP	BRUNSWICK GA		34 CITY-S1-ZIP		OWINGS MILLS, MD 21117			
TITLE	MILLS, JOEL V.	☐ DELETE	4.1 TITLE	٢	Bradley Bonnett	⊠ Change	Addition	
NAME	125 PALMETTO CT.		4. 2 NAME		INTEGRATED HEALTH SERVICES, INC	<u>,</u>		
STREET ADDRESS	ST. SIMONS ISLAND GA		4.3 STREET ADDRESS		10065 RED RUN BLVD.			
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	4.4 CITY - ST - ZIP		OWINGS MILLS, MD 21117		3 2221	
NAME	DOBSON, ANGELA M.	L'1 percie	5.1 TITLE	VD	Marshall A. Elkins	∠ Unange	Addition	
STREET ADDRESS	505 INVERNESS CT.		5.2 NAME		INTEGRATED HEALTH SERVICES, IN	ıc		
CITY-ST-ZIP	ST. SIMONS ISLAND GA	*	5.3 STHEET ADDRESS		10065 RED RUN BLVD.	•		
TITLE	AS	▼ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	 	OWINGS MILLS, MD 21117	Change	Addition	
NAME	WELCH, J ALAN		6.2 NAME			ET OFFINGE	Annuall	
STREET ADDRESS	111 ROSEMONT		6.3 STREET ADDRESS					
	AN CHARLOS SHOULD TO			1				

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 appears in Block 12 or Block 13 if changed, or op an attachment with an address.

Mark Fulchino

FILED

Aug 04 1997 8:00am

Secretary of State