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May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P36088 (3)
1. Corporation Name
SYMPHONY REHABILITATION SERVICES NO. 4, INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
10065 RED RUN BLVD
SUITE 350
OWINGS MILLS MD 21117
US

3. Date Incorporated or Qualified

10/29/1991

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

35-1682425

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ELKINS, MARSHALL A
STREET ADDRESS 10065 RED RUN BLVD
CITY-ST-ZIP OWINGS MILLS MD

11 TITLE PD
12 NAME ROBERT N ELKINS
13 STREET ADDRESS Integrated Health Services, Inc.
14 CITY-ST-ZIP 10065 Red Run Blvd.
Owings Mills, MD 21117

TITLE D
NAME CIRKA, LARRY
STREET ADDRESS 10065 RED RUN BOULEVARD
CITY-ST-ZIP OWINGS MILLS MA

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD
NAME LEVIN, MARC B
STREET ADDRESS 10065 RED RUN BOULEVARD
CITY-ST-ZIP OWINGS MILLS MD

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE V
NAME FULCHINO, MARK
STREET ADDRESS 10065 RED RUN BLVD
CITY-ST-ZIP OWINGS MILLS MD

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE T
NAME BRADLEY, BENNETT
STREET ADDRESS 10065 RED RUN BLVD
CITY-ST-ZIP OWINGS MILLS MD

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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.

CR2E034 (10/97)