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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000063421 (8)

HOME HEALTH INTEGRATED HEALTH SERVICES OF FLORID A, INC.

Principal Place of Business 10065 RED RUN BOULEVARD OWINGS MILLS MD 21117		Mailing Address 10065 RED RUN BOULEVARD OWINGS MILLS MD 21117-4827					
					3. Date Incorporated or Qualified 08/16/1995	3a. Date of Last Report 03/06/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 52-1939710	Applied (	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & Stat	0	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May E Added to Fee	
Zip 4	Country 25	Ζ(β)	Country 30		Trontag Diarates	Yes No	)32, 
	9. Name and Address of Current	Registered Agent		···	10. Name and Address of New Ro	egistereti Agent	
	CORPORATION SYSTEM		81	Name			
	O SOUTH PINE ISLAND ROAD		82	Street Ado	ress (P.O. Box Number is Not Accepta	ble)	
PLA	INTATION FL 33324		ļ				
			83				
			84	City		<b>85</b> Zip Code	
	70	TO THE ASSESSMENT OF THE TOTAL	<u> </u>	L	poration submits this statement for the ntion's board of directors. I hereby acce	FL 83 7 P OOM	
SIGNATURE	Signature, typed of partied name of registered age in OFFICERS AND		NOTE Registered Ag	ntsgraturcieg.	ADDITIONS/CHANGES TO OFFI		12 Additio
NAME	LEVIN, MARK		1.2 NAME				
STREET ADDRESS	10065 RED RUN BOULEVARD		1.3 STREE	ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117		14 CHY-5	ST - 21P			
TITLE	VD	☐ DELLTE	211011			Change A	Addit:o
NAME	ELKINS, MARSHALL		2.2 NAME				
STREET ADDRESS	10065 RED RUN BOULEVARD		2.3 STREET	ADDRESS			
DITY-ST-ZIP	OWINGS MILLS MD 21117		2. 4 CITY-	S1-7IP			
TITLE	PD CIPICAL LAWDENION	DELETE	3.1 NITLE			☐ Change ☐ A	Additio
NAME	CIRKA, LAWRENCE		32 NAME				
STREET ADDRESS	10065 RED RUN BOULEVARD		3.3 STREE	ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117		3.4. CITY-	ST-74P			
TITLE	FULCHINO, MARK	DELETE	4.1 TITLE			Change A	Additio
NAME	10065 RED RUN BOULEVARD		4. 2 NAME	-			
STREET ADDRESS	OWINGS MILLS MD 21117		4.3 STREE	l			
CITY-ST-ZIP	OTTINGS MILLS MD 21117	Tours.	4.4 CHY-5	31 - ZIP			Add + -
TITLE		☐ DELETE	5.1 TP1 (	$\lambda$	enneth, Bradley	☐ Change 🔀 A	Additio
NAME			5.2 NAMI		10065 RED RUN BLVD.		
STREET ADDRESS			53 SIRIE		OWINGS MILLS, MD 21117		
CITY-ST-ZIP		Transfer	5.4 City - 5	51-7(P	OUTING SHIPES IND STILL		- Jan J. (4)
TITLE		☐ DÉLETE	6.1 1111.5		70000211	Change D A	ADDIDE
MARIE	I		6.2 NAMI	1	المسالم مرسوا المراج ال	. "mari" Earlier "mari"	

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), I lorida 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 logal effect as if made under eath, 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.

STREET ADDRESS

(410)998-8578

-03/14/97--01005--002

\*\*\*4950.00

**FILED** 

Mar 14 1997 8:00am

Secretary of State