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FILED
May 28 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000075238 (2)

1. Corporation Name
INTEGRACARE MEDICAL CENTERS, INC.



Principal Place of Business Mailing Address
% INTEGRATED HEALTH SERVICES, INC.
10065 RED RUN BLVD.
OWINGS MILLS MD 21117 **% INTEGRATED HEALTH SERVICES, INC.**
10065 RED RUN BLVD.
OWINGS MILLS MD 21117-4827

3. Date Incorporated or Qualified 3a. Date of Last Report
09/28/1995 **12/02/1996**
4. FEI Number Applied For
APPLIED FOR 65-0296136 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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
TITLE PD ☐ DELETE
NAME **CIRKA, LAWRENCE P**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**
TITLE V ☐ DELETE
NAME **FULCHINO, MARK**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**
TITLE T ☐ DELETE
NAME **BENNETT, BRADLEY**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**
TITLE SD ☐ DELETE
NAME **LEVIN, MARC**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**
TITLE VD ☐ DELETE
NAME **ELKINS, MARSHALL A**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS ☐ Change ☐ Addition
1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS ☐ Change ☐ Addition
2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS ☐ Change ☐ Addition
3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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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 on an attachment with an address.

SIGNATURE: *Mark Fulchino* *2/4/97* *(410) 998-8578*

96(9) 9605