


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90003 036 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000056027
 1. Corporation Name
QUALITY PROVIDERS, INC.



Principal Place of Business: 10065 RED RUN BLVD, OWNING MILLS MD 21117
 Mailing Address: 10065 RED RUN BLVD, OWNING MILLS MD 21117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 910-RIDGEBROOK ROAD		26		06/25/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 SPARKS, MD		28		52-2107-148	
24 Zip 21152		25 Country USA		29 Zip	
		30 Country		31 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

I, 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 type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELRINS, ROBERT N	1.2 NAME	*(SEE ATTACHED)
STREET ADDRESS	10035 RED RUN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117-US	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL	2.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OWNING MILLS MD 21117	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BRADLEY	3.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B	4.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 9/1/99 (410) 773-1400

CR2E034 (5/99)

P97000056027

617002-90003-36

INTEGRATED HEALTH SERVICES

LIST OF OFFICERS:

NAME	TITLE	SS#	ADDRESS
TAYLOR PICKETT	PRESIDENT	216-78-6702	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARC B. LEVIN	SECRETARY	217-62-0817	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARK L. FULCHINO	VP	029-64-4143	910 RIDGEBROOK ROAD, SPARKS, MD 21152
ROBERT STEPHENSON	TREASURER	212-94-9489	910 RIDGEBROOK ROAD, SPARKS, MD 21152

BOARD OF DIRECTORS:

NAME	ADDRESS
MARC B. LEVIN	217-62-0817 910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARSHALL A. ELKINS	092-36-2771 910 RIDGEBROOK ROAD, SPARKS, MD 21152