

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

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR 10 PM 1:43

DOCUMENT # S87245 (4)  
1. Corporation Name  
INTEGRACARE, INC.



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

Mailing Address  
10065 RED RUN BLVD.  
OWINGS MILLS MD 21117-4827  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1991		3a. Date of Last Report 09/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0296136		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable) FF \$165.00 OP 541.25		
				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	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORKA, LAWRENCE P		1.2 NAME				
STREET ADDRESS	10065 RED RUN BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	OWINGS MILLS MD 21117		1.4 CITY-ST-ZIP				
TITLE	EVD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B		2.2 NAME				
STREET ADDRESS	10065 RED RUN BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	OWINGS MILLS MD 21117		2.4 CITY-ST-ZIP				
TITLE	EVD	<input type="checkbox"/> DELETE	3.1 TITLE				
NAME	ELKINS, MARSHALL A		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	VPAS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Fulchino, Mark			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEW, LESLIE A		4.2 NAME				
STREET ADDRESS	10065 RED RUN BLVD.		4.3 STREET ADDRESS	10065 RED RUN BLVD.			
CITY-ST-ZIP	OWINGS MILLS MD 21117		4.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117			
TITLE	AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Bennett Bradley			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAN, MICHAEL W		5.2 NAME				
STREET ADDRESS	10065 RED RUN BLVD.		5.3 STREET ADDRESS	10065 RED RUN BLVD.			
CITY-ST-ZIP	OWINGS MILLS MD 21117		5.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117			
TITLE	SVPT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, ELEANOR C		6.2 NAME				
STREET ADDRESS	10065 RED RUN BLVD.		6.3 STREET ADDRESS				
CITY-ST-ZIP	OWINGS MILLS MD 21117		6.4 CITY-ST-ZIP				

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 11/7/97 (4/10) 998-8528

CR2E034 (9/96)