FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V72627** **(5)**

1. Corporate Name

INTEGRATED HEALTHCARE SERVICES OF AMERICA, INC.

Principal Office Address
8641 N.W. 51 PLACE
CORAL SPRINGS FL 33065

Mailing Address
8641 N.W. 51 PLACE
CORAL SPRINGS FL 33065

2. Changed Principal Address
21
Street Address
22
Suite
23
City, County
24 25

2a. Mailing Address
26
Street Address
27
Suite
28
City & State, Zip, Country
29 30

3. Date Incorporated or Qualified: **10/15/1992**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0370563** [ ] 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. Is corporation requesting for charitable tax under s. 196.03, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GROSSJUNG, PAMELA L.
8641 N.W. 51 PLACE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to Section 607.0505, 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 of Registered Agent)

12. OFFICERS AND DIRECTORS

D [ ] DEL
GROSSJUNG, PAMELA L.
8641 NW 51 PL
CORAL SPRINGS FL

D [ ] DEL
GROSSJUNG, THOMAS L.
8641 NW 51 PL
CORAL SPRINGS FL

[ ] DEL

[ ] DEL

[ ] DEL

[ ] DEL

[ ] DEL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this 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 a director or officer 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96
Date

305 344-0448
Daytime Phone

CR2E034 (12/95)