



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. 2. Name of Corporation

64603

SILVER SPRING HEALTH CARE MANAGEMENT, INC.

Street Address Principal Business Office

City

State

Zip

Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

9886

Brief Description of the Character of Business Conducted in Rhode Island

NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Vice President Name

Street Address Street Address

City State Zip City State Zip

Secretary Name Treasurer Name

Street Address Street Address

City State Zip City State Zip

NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

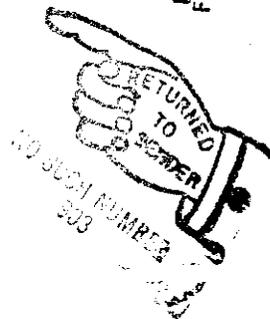
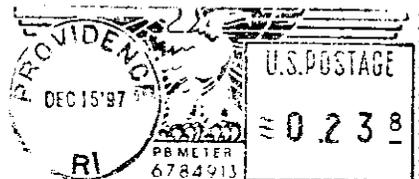
Director Name Director Name

Street Address Street Address

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Secretary of State

**RETURN SERVICE
REQUESTED**

**PRESORTED
FIRST CLASS**



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and