

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 572186

1. Entity Name

SHCM HOLDINGS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90040 036 ***150.00

Principal Place of Business

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

10065 RED RUN BLVD.
OWINGS MILLS MD 21117-4827

2. Principal Place of Business
910 RIDGEBROOK ROAD

3. Mailing Address
910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State, Zip
SPARKS, MD 21152

City, State, Zip
SPARKS, MD 21152

4. FEI Number
59-1830507

Applied For
☐ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
National Corporate Research, LTD. Inc.
Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street Suite #2
City, State, Zip
Tallahassee FL 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *John Morrissey* **John Morrissey, Asst. Vice President** **April 25, 2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PICKETT, TAYLOR**
CITY-ST-ZIP **10065 RED RUN BLVD
OWINGS MILLS MD 21117**

TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **FULCHINO, MARK**
CITY-ST-ZIP **10065 RED RUN BLVD
OWINGS MILLS MD 21117**

TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **STEPHENSON, ROBERT**
CITY-ST-ZIP **10065 RED RUN BLVD
OWINGS MILLS MD 21117**

TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **LEVIN, MARC B**
CITY-ST-ZIP **10065 RED RUN BLVD
OWINGS MILLS MD 21117**

TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ELKINS, MARSHALL A**
CITY-ST-ZIP **10065 RED RUN BLVD
OWINGS MILLS MD 21117**

TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Fulchino* **Mark Fulchino** **4/23/00(410) 773-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)