

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90039 043 ***150.00

DOCUMENT # 579502

1. Entity Name
REHABILITATIVE ASSOCIATES, INC.

| | |
|---|---|
| Principal Place of Business RED RUN BLVD. MILLS MD 21117 | Mailing Address 10065 RED RUN BLVD. OWINGS MILLS MD 21117-4827 US |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 910 RIDGEBROOK ROAD | 3. Mailing Address 910 RIDGEBROOK ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City, State SPARKS, MD 21152 | City, State SPARKS, MD 21152 |
| Zip | Country |



C0097429

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 7. Name and Address of New Registered Agent Name: <i>National Corporate Research, LTD. Inc</i> Street Address (P.O. Box Number is Not Acceptable): <i>1406 Hays Street, Suite #2</i> City: <i>Tallahassee</i> FL Zip Code: <i>32301</i> |
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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 date 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. <input type="checkbox"/> (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 <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-----------------------|---------------------------------|---|----------------------------------|--|
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | PICKETT, TAYLOR | | STREET ADDRESS | INTEGRATED HEALTH SERVICES, INC. | |
| CITY-ST-ZIP | 10065 RED RUN BLVD. | | CITY-ST-ZIP | 910 RIDGEBROOK ROAD | |
| | OWINGS MILLS MD 21117 | | | SPARKS, MD 21152 | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | INTEGRATED HEALTH SERVICES, INC. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | FULCHINO, MARK L | | STREET ADDRESS | 910 RIDGEBROOK RD. | |
| CITY-ST-ZIP | 10065 RED RUN BLVD. | | CITY-ST-ZIP | SPARKS, MD 21152 | |
| | OWINGS MILLS MD 21117 | | | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | INTEGRATED HEALTH SERVICES, INC. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | LEVIN, MARC B | | STREET ADDRESS | 910 RIDGEBROOK RD. | |
| CITY-ST-ZIP | 10065 RED RUN BLVD. | | CITY-ST-ZIP | SPARKS, MD 21152 | |
| | OWINGS MILLS MD 21117 | | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | INTEGRATED HEALTH SERVICES, INC. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STEPHENSON, ROBERT | | STREET ADDRESS | 910 RIDGEBROOK RD. | |
| CITY-ST-ZIP | 10065 RED RUN BLVD. | | CITY-ST-ZIP | SPARKS, MD 21152 | |
| | OWINGS MILLS MD 21117 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | INTEGRATED HEALTH SERVICES, INC. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | ELKINS, MARSHALL A | | STREET ADDRESS | 910 RIDGEBROOK RD. | |
| CITY-ST-ZIP | 10065 RED RUN BLVD. | | CITY-ST-ZIP | SPARKS, MD 21152 | |
| | OWINGS MILLS MD 21117 | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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** **4/25/00 (410) 773-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)