

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840518

1. Entity Name

CENTRAL PARK LODGES, INC.

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

05-24-2000 90039 002 \*\*\*150.00

Principal Place of Business

Mailing Address

RED RUN BLVD.  
MILLS MD 21117

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

LU097426



DO NOT WRITE IN THIS SPACE

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

Zip

Country

4. FEI Number

59-1836485

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 SO PINE ISL RD  
PLANATION FL 33324

Name  
*National Corporate Research, LTD. Inc.*

Street Address (P.O. Box Number is Not Acceptable)

*1406 Hays Street, Suite #2*

City  
*Tallahassee*

FL

Zip Code  
*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	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, TAYLOR		NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP	SPARKS, MD 21152	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, ROBERT		NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP	SPARKS, MD 21152	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK		NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP	SPARKS, MD 21152	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B		NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	OWINGS MILLS MD		CITY-ST-ZIP	SPARKS, MD 21152	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL		NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP	SPARKS, MD 21152	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mark Fulchino 4/23/00 (410) 773-1000*

CR2E034 (9/99)