

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005628

1. Entity Name

INTEGRATED HEALTH SERVICES AT CENTRAL FLORIDA, I

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

05-24-2000 90038 009 ***150.00

Principal Place of Business

Mailing Address

RED RUN BLVD.
 OWINGS MILLS MD 21117

10065 RED RUN BLVD.
 OWINGS MILLS MD 21152-9390

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

4. FEI Number 52-1850920

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

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

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

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

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

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

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

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

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

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

☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/23/00 Daytime Phone # 773-1000

CR2E034 (9/99)