

2007 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00

DOCUMENT # F93000005628

1. Entity Name
INTEGRATED HEALTH SERVICES AT CENTRAL
FLORIDA, INC.



FILED
07 JAN 23 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7125 THOMAS EDISON DRIVE
SUITE 225
COLUMBIA, MD 21046

Mailing Address
7125 THOMAS EDISON DRIVE
SUITE 225
COLUMBIA, MD 21046

2. Principal Place of Business - No P.O. Box #
7150 Columbia Gateway Dr.

Suite, Apt. #, etc.
Suite J

City & State
Columbia, MD

Zip
21046

Country

3. Mailing Address
7150 Columbia Gateway Dr.

Suite, Apt. #, etc.
Suite J

City & State
Columbia, MD

Zip
21046

Country



01102007

Chg-P

CR2E034 (12/06)

07

4. FEI Number
52-1850920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000086453500

01/29/07--01007--023 **1400.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NICHOLSON, TIMOTHY F
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
POOLE, JOHN B
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
AUMAN, MATTHEW F
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
TRYBUS, TIMOTHY J
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FALLON, JR, JOHN R
125 W 55TH STREET
NEW YORK, NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7150 Columbia Gateway Dr. Suite J
Columbia, MD 21046

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7150 Columbia Gateway Dr. Suite J
Columbia, MD 21046

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7150 Columbia Gateway Dr. Suite J
Columbia, MD 21046

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7150 Columbia Gateway Dr. Suite J
Columbia, MD 21046

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TIM TRYBUS

1/10/07

443-539-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #