

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002679

1. Entity Name

GREEN SPRING HEALTH SERVICES, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90031 025 ***150.00

Principal Place of Business

Mailing Address

COLUMBIA GATEWAY DRIVE.. SUITE 400
COLUMBIA MD 21046

6950 COLUMBIA GATEWAY DRIVE.. SUITE 400
COLUMBIA MD 21046-2706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0347297

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HARBIN, HENRY
STREET ADDRESS 6950 COLUMBIA GATEWAY DRIVE., SUITE 400
CITY-ST-ZIP COLUMBIA MD 21046

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME FITCH, JOYCE
STREET ADDRESS 6950 COLUMBIA GATEWAY DRIVE., SUITE 400
CITY-ST-ZIP COLUMBIA MD 21046

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WOLFF, SHERMAN
STREET ADDRESS 233 N. MICHIGAN AVENUE, 15TH FLOOR
CITY-ST-ZIP CHICAGO IL 60601

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SACCO, DON
STREET ADDRESS 1501 MARKET STREET
CITY-ST-ZIP TICOMA WA 98402

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME ARNDT, KEN
STREET ADDRESS 6950 COLUMBIA GATEWAY DRIVE., SUITE 400
CITY-ST-ZIP COLUMBIA MD 21046

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME KANACH, CHUCK
STREET ADDRESS 6950 COLUMBIA GATEWAY DRIVE., SUITE 400
CITY-ST-ZIP COLUMBIA MD 21046

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

Daytime Phone #

CR2E034 (9/99)