

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006333 (8)**

1. Corporation Name

**SYMPHONY HOME CARE SERVICES NO. 11, INC.**



Principal Place of Business

Mailing Address

**10065 RED RUN BLVD.  
OWINGS MILLS MD 21117**

**10065 RED RUN BLVD.  
OWINGS MILLS MD 21117**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/13/1994**

4. FEI Number

**52-1906016**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CIRKA, LAWRENCE P</b>	
STREET ADDRESS	<b>10065 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>LEVIN, MARC B</b>	
STREET ADDRESS	<b>10065 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>ELKINS, MARSHALL A</b>	
STREET ADDRESS	<b>10065 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>FULCHINO, MARK</b>	
STREET ADDRESS	<b>10065 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>BENNETT, BRADLEY</b>	
STREET ADDRESS	<b>10065 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERT N ELKINS</b>	
1.3 STREET ADDRESS	<b>Integrated Health Services, Inc.</b>	
1.4 CITY-ST-ZIP	<b>10065 Red Run Blvd. Owings Mills, MD 21117</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

CR2E034 (10/97)