

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 22 1998 8:00am  
Secretary of State

DOCUMENT # F94000006334 (6)

1. Corporation Name

SYMPHONY HOME CARE SERVICES NO. 10, INC.



Principal Place of Business

10065 RED RUN BLVD.  
OWINGS MILLS MD 21117

Mailing Address

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

52-1906013

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

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30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CIRKA, LAWRENCE P  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ DELETE

TITLE SD  
NAME LEVIN, MARC B  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ DELETE

TITLE VD  
NAME ELKINS, MARSHALL A  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ DELETE

TITLE V  
NAME FULCHINO, MARK  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ DELETE

TITLE T  
NAME BENNETT, BRADLEY  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWING MILLS MD 21117 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES.  
1.2 NAME C. CHRISTIAN WINSTLE  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Integrated Health Services, Inc.  
10065 Red Run Blvd.  
Owings Mills, MD 21117 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

Mark A. Fulchino

Jul 22 1998

CR2E034 (5/98)