

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 APR -9 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006335 (3)

1. Corporation Name

SYMPHONY HOME CARE SERVICES NO. 7, INC.



Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1906012

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81. Name

CT Corporation System

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

1200 S. Pine Island Rd

83

84. City

Plantation

FL

85. Zip Code

33324

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

Marilyn Lizzio - act. secy

Marilyn Lizzio, Act. Secy.

4/1/96

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

CIRKA, LAWRENCE P

STREET ADDRESS

10065 RED RUN BLVD.

CITY - ST - ZIP

OWINGS MILLS MD 21117

TITLE

SD

☐ DELETE

NAME

LEVIN, MARC B

STREET ADDRESS

10065 RED RUN BLVD.

CITY - ST - ZIP

OWINGS MILLS MD 21117

TITLE

VD

☐ DELETE

NAME

ELKINS, MARSHALL A

STREET ADDRESS

10065 RED RUN BLVD.

CITY - ST - ZIP

OWINGS MILLS MD 21117

TITLE

V

☐ DELETE

NAME

PICKETT, TAYLOR

STREET ADDRESS

10065 RED RUN BLVD.

CITY - ST - ZIP

OWINGS MILLS MD 21117

TITLE

V

☐ DELETE

NAME

CAHILL, DENNIS A

STREET ADDRESS

10065 RED RUN BLVD.

CITY - ST - ZIP

OWINGS MILLS MD 21117

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Fulchino Mark Fulchino

2/6/96

(410) 998-8578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)