

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1994

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 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

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 of the person named as registered agent and the 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 OWINGS MILLS MD ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME ROBERT N ELKINS
13 STREET ADDRESS Integrated Health Services, Inc.
14 CITY-ST-ZIP 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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

6.1 TITLE ☐ Change ☐ Addition
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 Fulchino

4/24/98

(410) 998-8378

CR2E034 (10/97)