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PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006335 (3)

SYMPHONY HOME CARE SERVICES NO. 7, INC.

FILED May 14 1998 8:00am Secretary of State



10085 RED RUN BLVD. OWINGS MILLS IND 21117		10065 RED RUN BLVD. OWINGS MILLS MD 21117					
					DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualified		
					12/13/1994		
2. Principal Pla	ace of Business	2a. Mailing Addres	5\$		4. FEI Number	Aj	oplied For
21		26			52-1906012	Ne	ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, o	otc.		5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & State)	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid	the current year In	langible
24	25	29	30		Personal Property Tax due June 3] No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered Agent	
CT	CORPORATION SYSTEM			81 Name			
	00 SOUTH PINE ISLAND ROAD		-			 	
				82 Street Ac	odress (P.O. Box Number is Not Acceptable	9)	
FLA	ANTATION FL 33324		}	83	· · · · · · · · · · · · · · · · · · ·		
				••			
				84 City		85 Zip	Code
					· · · · · · · · · · · · · · · · · · ·	FL ["]	
11. Pursuant to	to the provisions of Sections 607.050	02 and 607.1508, F lorida a of Florida, Such ch an d	a Statutes, the ab	pove-named co	orporation submits this statement for the pur ration's board of directors. I hereby accept	rpose of changing i	ts registered
Office of re	n (a miliar with, and accept the oblig	white of Contine COZ Of	o was admonized	a by the corpo	nation's board of directors. Thereby accept	the appointment as	registereu
agent. I an	TO TOUR PRINTED MARTINE, COUNTY AND CASE AND OTHER CARACIT	jations of, Section bur.va	505, Florida Stat	uies.			
•	to terminal with and accept to the conf.	jations of, Section 607.0s	505, Florida Stati	uies.			
SIGNATURE	Signature type of or printed name efficient red ag				(onteración de Medicales de Med	DATE	
SIGNATURE	Signature type of or protect name of required by	ent and the Capplicable. ID DIRECTORS	(NOTE: Registeres	d Agent signature re	ADDITIONS/CHANGES TO OFFICE		RS IN 12
SIGNATURE	Signature type of or protect name of required by	ent and the Lapphicable	(NOTE: Registeres	d Agent signature re	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
SIGNATURE 3	Signature system protest name else; street ag OFFICERS AN	ent and the Capplicable. ID DIRECTORS	(NOTE: Registeres	d Agent signature re	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
SIGNATURE 5	Signature 1/2 color protect notes (Clica et lest and OFLICE HS AN PD CIRKA, LAWRENCE P	ent and the Capplicable. ID DIRECTORS	(NOTE: Registered 13. ETE 1.1 TH 1.2 NA	d Agent signature re LE ME	ADDITIONS/CHANGES TO OFFICE PD R6 B FR T N FLK1 Integrated Health Services Inc.	RS AND DIRECTOR	
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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: MULL Ould mark Fullhing

(410)998-8-77P