

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90287 004 *2,400.00

DOCUMENT # F94000006335

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2650 N. Military Trail

2a. Mailing Address

2714 Union Ave. Extd.

Suite, Apt. #, etc.
Suite 240

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Memphis, TN

Zip

33431

Country

USA

Zip

38112

Country

USA

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D, Chief Executive Officer	Stephen H. Winters	2714 Union Ave. Extd.	Memphis, TN 38112	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	John R. Koch	2714 Union Ave. Extd.	Memphis, TN 38112	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Michael J. Boling	2714 Union Ave. Extd.	Memphis, TN 38112	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

John R. Koch

4/28/99

901-454-2484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)