

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 APR -9 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006336 (1)

1. Corporation Name

SYMPHONY HOME CARE SERVICES NO. 9, INC.

Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1906010

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

10. Name and Address of New Registered Agent

81. Name

CT Corporation System

82. Street Address

1200 S Pine Island Road

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

Manlyn Lizio - Asst. Secty

Manlyn Lizio, Asst. Secty.

4/6/96

Signature, typed or printed name of individual and title of corporation

Signature, typed or printed name of individual and title of corporation

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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 PICKETT, TAYLOR
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

☐ DELETE

TITLE V
NAME CAHILL, DENNIS A
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS FL 21117

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

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SIGNATURE:

Mark Fulchino markfulchino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

(410) 998-8578