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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006336 (1)

SYMPHONY HOME CARE SERVICES NO. 9, INC.

FILED Mar 14 1997 8:00am Secretary of State



Principal Place of Business 10065 RED RUN BLVD. OWINGS MILLS MD 21117	Mailing Address 10065 RED RUN BLVD. OWINGS MILLS MD 2111	•			
			3. Date Incorporated or Qualified 12/13/1994	3a. Date of Last Report 04/09/1996	
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 52-1906010	Applied For Not Appl cable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zф	Country 30	8. This corporation has liability for i		
9, Name and Address of C		[50]	10. Name and Address of New Re		
C T CORPORATION SYSTEM		81 Name			
1200 SOUTH PINE ISLAND ROAD		B2 Street	Address (P.O. Box Number is Not Acceptab	le)	
PLANTATION FL 33324				·=/	
		83			
		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508. Florida Statut	es. The above-named	corporation submits this statement for the p	urpose of changing its registered	
office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Horida, Such change was a	authorized by the con	poration's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE	and the second s	cienales.			
Signature, typed or printed numeral register		E: Registored Agent signature		DATE	
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
NAME CIRKA, LAWRENCE P	☐ DELETE	1.1 TILE		Change Addition	
STREET ADDRESS 10065 RED RUN BLVD.		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP OWINGS MILLS MD 2111	7	1.4 CITY - ST- ZIP			
TITLE SD	DELETE	2.1101f		Change Addition	
NAME LEVIN, MARC B		2.2 NAME			
STREET ADDRESS 10065 RED RUN BLVD.		2.3 STREET ADDRESS			
CHY-ST-ZIP OWINGS MILLS MD 2111	7	2. 4 GITY- ST- ZIP			
TITLE VD	DELETE	3.1 1ITUE		Change Additio	
NAME ELKINS, MARSHALL A		3.2 NAME			
STREET ADDRESS 10065 RED RUN BLVD.	_	3.3 STHEET ADDRESS			
CITY-ST-ZIP OWINGS MILLS MD 2111		3.4. CITY: \$1 - Z.P			
TITLE V	☐ DELETE	4 1 TH L F		☐ Change ☐ Additio	
NAME FULCHINO, MARK		4 2 NAME			
STREET ADDRESS 10065 RED RUN BLVD.	•	4.3 STREET ADDRESS			
CITY-ST-ZIP OWINGS MILLS MD 2111		4.4 CITY-ST-7IP		——————————————————————————————————————	
TITLE V NAME CAHILL, DENNIS A	DETETE	5.1 TITEF	00000211	Change Additio	
4000E DED DUN DIVE		5.2 NAME	-03/14/970100		
OMBINO MILLO DE OMACE	•	5.3 \$1REFT ADDRESS	***4950.00	10 TUUZ	
ON O. E.		5.4 City-St 7ift	**************************************	10000	
TIFLE	Detete	6 1 711LE	Bonnett Rundles 12	Change X Addition	
NAME		6.2 NAME	100ce pro our our		
STREET ADDRESS		6.3 STREET ADDRESS	10065 RED RUN BLVD. OWINGS MILLS, MD 21117	NA 3-14	
CHY-SI-7P I		■ CAPILY C1 7(0)		VI / / `	

14. I do 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 eath, 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.

mark Tulchino