

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 03, 1999 8:00 am  
Secretary of State

05-03-1999 90010 001 \*\*\*150.00

DOCUMENT # F95000001131

1. Corporation Name

HOSPICE OF INTEGRATED HEALTH SERVICES, 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

03/09/1995

4. FEI Number

52-1916454

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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	DELETED
P	ELKINS, ROBERT N	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input checked="" type="checkbox"/>
T	BENNETT, BRADLEY	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input checked="" type="checkbox"/>
V	FULCHINO, MARK K	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input type="checkbox"/>
VS	ELKINS, MARSHALL A	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input checked="" type="checkbox"/>
S	LEVIN, MARC B	10065 RED RUN BLVD	OWINGS MILLS MD 21117	<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
P	Taylor Pickett	10065 Red Run Blvd	Owings mills, MD 21117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Robert Stephenson	10065 Red Run Blvd	Owings mills MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Marshall A. Elkins	10065 Red Run Blvd	Owings mills MD 21117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	Marc B. Levin	10065 Red Run Blvd	Owings mills, MD 21117	<input type="checkbox"/>	<input checked="" 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: Mark Fulchino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99  
Date

410.998.8578  
Daytime Phone #

CR2E034 (11/98)