

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90040 050 \*\*\*150.00

**DOCUMENT # F95000001131**

1. Entity Name

**HOSPICE OF INTEGRATED HEALTH SERVICES, INC.**

Principal Place of Business

Mailing Address

RED RUN BLVD.  
 OWINGS MILLS MD 21117

10065 RED RUN BLVD.  
 OWINGS MILLS MD 21152-9390

2. Principal Place of Business

**910 RIDGEBROOK ROAD**

3. Mailing Address

**910 RIDGEBROOK ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SPARKS, MD 21152**

City & State

**SPARKS, MD 21152**

Zip

Country

Zip

Country

4. FEI Number

**52-1916454**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name *National Corporate Research LTD, Inc.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1406 Hays Street, Suite #2*  
 City *Tallahassee* FL Zip Code *32301*

DO NOT WRITE IN THIS SPACE



8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*John Morrissey* **John Morrissey, Asst. Vice President April 25, 2000**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P PICKETT, TAYLOR STREET ADDRESS 10065 RED RUN BLVD. CITY-ST-ZIP OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME T STEPHENSON, ROBERT STREET ADDRESS 10065 RED RUN BLVD. CITY-ST-ZIP OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME V FULCHINO, MARK K STREET ADDRESS 10065 RED RUN BLVD. CITY-ST-ZIP OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME D ELKINS, MARSHALL A STREET ADDRESS 10065 RED RUN BLVD. CITY-ST-ZIP OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME SD LEVIN, MARC B STREET ADDRESS 10065 RED RUN BLVD CITY-ST-ZIP OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME INTEGRATED HEALTH SERVICES, INC. STREET ADDRESS 910 RIDGEBROOK RD. CITY-ST-ZIP SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME INTEGRATED HEALTH SERVICES, INC. STREET ADDRESS 910 RIDGEBROOK RD. CITY-ST-ZIP SPARKS, MD 21152.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME INTEGRATED HEALTH SERVICES, INC. STREET ADDRESS 910 RIDGEBROOK RD. CITY-ST-ZIP SPARKS, MD: 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME INTEGRATED HEALTH SERVICES, INC. STREET ADDRESS 910 RIDGEBROOK RD. CITY-ST-ZIP SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME INTEGRATED HEALTH SERVICES, INC. STREET ADDRESS 910 RIDGEBROOK RD. CITY-ST-ZIP SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark Fulchino*

**Mark Fulchino 4/23/00 (410) 773-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #