

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002371

1. Entity Name

SYMPHONY DIAGNOSTIC SERVICES NO. 2, INC.

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

05-24-2000 90040 032 \*\*\*150.00

Principal Place of Business

Mailing Address

RED RUN BOULEVARD  
MILLS MD 21117

10065 RED RUN BOULEVARD  
OWINGS MILLS MD 21117-4827

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**

4. FEI Number  
**52-1914253**

Applied For  
☐ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
*National Corporate Research, LTD. Inc.*  
Street Address (P.O. Box Number is Not Acceptable)

*1706 Hays Street, Suite #2*

City  
*Tallahassee*

FL

Zip Code  
*32301*

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 *[Signature]*  
Signature, typed or printed name of registered agent and date if applicable.

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

(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	P	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISBERG, SALLY		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BOULEVARD		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BOULEVARD		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, ROBERT		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL A		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BOULEVARD		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 #

CR2E034 (9/99)