

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002809

1. Entity Name

INTEGRATED HEALTH SERVICES OF SKYVIEW II, INC.

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

05-24-2000 90039 038 ***150.00

Principal Place of Business

Mailing Address

RED RUN BLVD.
OWINGS MILLS FL 2111710065 RED RUN BLVD.
OWINGS MILLS FL 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

52-1926651

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324Name
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*

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 State10. 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**
STREET ADDRESS **PICKETT, TAYLOR**
CITY-ST-ZIP **10065 RED RUN BLVD.**
OWINGS MILLS FL 21117 ☐ DeleteTITLE
NAME **INTEGRATED HEALTH SERVICES, INC.** ☒ Change ☐ Addition
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD. 21152**TITLE
NAME **SD**
STREET ADDRESS **LEVIN, MARC B**
CITY-ST-ZIP **10065 RED RUN BLVD.**
OWINGS MILLS FL 21117 ☐ DeleteTITLE
NAME **INTEGRATED HEALTH SERVICES, INC.** ☒ Change ☐ Addition
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD. 21152**TITLE
NAME **D**
STREET ADDRESS **ELKINS, MARSHALL A**
CITY-ST-ZIP **10065 RED RUN BLVD.**
OWINGS MILLS FL 21117 ☐ DeleteTITLE
NAME **INTEGRATED HEALTH SERVICES, INC.** ☒ Change ☐ Addition
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD. 21152**TITLE
NAME **V**
STREET ADDRESS **FULCHINO, MARK**
CITY-ST-ZIP **10065 RED RUN BLVD.**
OWINGS MILLS FL 21117 ☐ DeleteTITLE
NAME **INTEGRATED HEALTH SERVICES, INC.** ☒ Change ☐ Addition
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD. 21152**TITLE
NAME **T**
STREET ADDRESS **STEPHENSON, ROBERT**
CITY-ST-ZIP **10065 RED RUN BLVD.**
OWINGS MILLS FL 21117 ☐ DeleteTITLE
NAME **INTEGRATED HEALTH SERVICES, INC.** ☒ Change ☐ Addition
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)