

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003185

1. Entity Name

LTC MEDICAL LABORATORIES, INC.

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

05-24-2000 90040 027 \*\*\*150.00

Principal Place of Business

Mailing Address

RED RUN BOULEVARD  
OWINGS MILLS MD 21117

10065 RED RUN BOULEVARD  
OWINGS MILLS MD 21117-4827  
US

2. Principal Place of Business

910 RIDGEBROOK ROAD

3. Mailing Address

910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City or State

SPARKS, MD 21152

City or State

SPARKS, MD 21152

Zip

Country

Zip

Country

4. FEI Number

75-2461274

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 33324

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

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, typed or printed name of registered agent and filer 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 ☐ Delete  
NAME P  
STREET ADDRESS PICKETT, TAYLOR  
CITY-ST-ZIP 10065 RED RUN BOULEVARD  
OWINGS MILLS MD 21117

TITLE ☐ Delete  
NAME V  
STREET ADDRESS FULCHINO, MARK L  
CITY-ST-ZIP 10065 RED RUN BOULEVARD  
OWINGS MILLS MD 21117

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS LEVIN, MARC B  
CITY-ST-ZIP 10065 RED RUN BOULEVARD  
OWINGS MILLS MD 21117

TITLE ☐ Delete  
NAME T  
STREET ADDRESS STEPHENSON, ROBERT  
CITY-ST-ZIP 10065 RED RUN BOULEVARD  
OWINGS MILLS MD 21117

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MARSHALL, A. ELKINS  
CITY-ST-ZIP 10065 RED RUN BOULEVARD  
OWINGS MILLS MD 21117

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME INTEGRATED HEALTH SERVICES, INC.  
STREET ADDRESS 910 RIDGEBROOK RD.  
CITY-ST-ZIP SPARKS, MD 21152

TITLE ☒ Change ☐ Addition  
NAME INTEGRATED HEALTH SERVICES, INC.  
STREET ADDRESS 910 RIDGEBROOK RD.  
CITY-ST-ZIP SPARKS, MD 21152

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CITY-ST-ZIP SPARKS, MD 21152

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Fulchio 4/23/00 (710) 773-1000

CR2E034 (9/99)