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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000480 (1)

1. Corporation Name

SYMPHONY DIAGNOSTIC SERVICES, INC.



Principal Place of Business

7855 IVANHOE AVENUE, STE 200
LA JOLLA CA 92037

Mailing Address

7855 IVANHOE AVENUE, STE 200
LA JOLLA CA 92037-4508

2. Principal Place of Business

21 10065 Red Run Blvd.
Suite, Apt. #, etc.

22 City & State
Owings Mills, Maryland

23 Zip Country
21117 U.S.A.

2a. Mailing Address

26 10065 Red Run Blvd.
Suite, Apt. #, etc.

27 City & State
Owings Mills, Maryland

28 Zip Country
21117 U.S.A.

3. Date Incorporated or Qualified

01/29/1996

3a. Date of Last Report

1996

4. FEI Number

13-3521118

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	<input type="checkbox"/> DELETE
PD	CIRKA, LAWRENCE P	10065 RED RUN BLVD	OWINGS MILLS MD	<input checked="" type="checkbox"/>
V	CHICHESTER, DAVID N	10065 RED RUN BLVD	OWINGS MILLS MD	<input checked="" type="checkbox"/>
V	CANILL, DENNIS A	10065 RED RUN BLVD	OWINGS MILLS MD	<input checked="" type="checkbox"/>
V	DAVIDSON, BRIAN K	10065 RED RUN BLVD	OWINGS MILLS MD	<input checked="" type="checkbox"/>
VSD	ELKINS, MARSHALL A	10065 RED RUN BLVD	OWINGS MILLS MD	<input checked="" type="checkbox"/>
V	KOMP, EDWARD J	10065 RED RUN BLVD	OWINGS MILLS MD	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	Fulchino, Mark	INTEGRATED HEALTH SERVICES, INC.	10065 RED RUN BLVD.	<input checked="" type="checkbox"/>
		OWINGS MILLS, MD 21117		<input type="checkbox"/>
V	Bennett, Bradley	INTEGRATED HEALTH SERVICES, INC.	10065 RED RUN BLVD.	<input checked="" type="checkbox"/>
		OWINGS MILLS, MD 21117		<input type="checkbox"/>
V	Levin, Marc	INTEGRATED HEALTH SERVICES, INC.	10065 RED RUN BLVD.	<input checked="" type="checkbox"/>
		OWINGS MILLS, MD 21117		<input type="checkbox"/>

14. I do 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 as changed, or on an attachment with an address.

SIGNATURE: Judith Shaw REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

410 998 8627

Daytime Phone #

CR2E034 (9/96)