

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90098 026 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000000480**

1. Corporation Name  
**SYMPHONY DIAGNOSTIC SERVICES, INC.**

Principal Place of Business  
**10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US**

Mailing Address  
**10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/29/1996**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23**

City & State

**28**

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **PD** ☒ DELETE  
NAME **ELKINS, ROBERT N.**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE **V** ☐ DELETE  
NAME **FULCHINO, MARK**  
STREET ADDRESS **%INTEGRATED HLTH SERV INC 10065 RED RUN BL**  
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **T** ☒ DELETE  
NAME **BENNETT, BRADLEY**  
STREET ADDRESS **INTEGRATED HLTH SERV INC 10065 RED RUN BLV**  
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **S** ☐ DELETE  
NAME **LEVIN, MARC**  
STREET ADDRESS **%INTEGRATED HLTH SERV INC 10065 RED RUN BL**  
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **VSD** ☐ DELETE  
NAME **ELKINS, MARSHALL A**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition  
1.2 NAME **Sally Weisberg**  
1.3 STREET ADDRESS **10065 Red Run Blvd**  
1.4 CITY-ST-ZIP **owings mills md 21117**

2.1 TITLE **V** ☒ Change ☐ Addition  
2.2 NAME **mark Fulchino**  
2.3 STREET ADDRESS **10065 Red Run Blvd**  
2.4 CITY-ST-ZIP **owings mills md 2117**

3.1 TITLE **T** ☐ Change ☒ Addition  
3.2 NAME **Robert Stephenson**  
3.3 STREET ADDRESS **10065 Red Run Blvd**  
3.4 CITY-ST-ZIP **owings mills md 2117**

4.1 TITLE **S/D** ☒ Change ☐ Addition  
4.2 NAME **Marc B. Levin**  
4.3 STREET ADDRESS **10065 Red Run Blvd**  
4.4 CITY-ST-ZIP **owings mills md 2117**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **marshall A. Elkins**  
5.3 STREET ADDRESS **10065 Red Run Blvd**  
5.4 CITY-ST-ZIP **owings mills md 2117**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 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

**4/6/99**  
Date

**410-998-8578**  
Daytime Phone #

CR2E034 (11/98)