

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001416

1. Entity Name

PATIENT CARE PHARMACY, INC.

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

05-24-2000 90039 041 \*\*\*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

Zip

Country

Zip

Country

4. FEI Number  
95-3888200

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  
Tallahassee FL Zip Code 82301

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, 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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PICKETT, TAYLOR	10065 RED RUN BOULEVARD	OWINGS MILLS MD 21117	<input type="checkbox"/>
T	STEPHENSON, ROBERT	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input type="checkbox"/>
V	FULCHINO, MARK L	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input type="checkbox"/>
SD	LEVIN, MARC B	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input type="checkbox"/>
D	ELKINS, MARSHALL A	10065 RED RUN BOULEVARD	OWINGS MILLS MD 21117	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	INTEGRATED HEALTH SERVICES, INC.	910 RIDGEBROOK RD.	SPARKS, MD 21152	<input checked="" type="checkbox"/>
	INTEGRATED HEALTH SERVICES, INC.	910 RIDGEBROOK RD.	SPARKS, MD 21152	<input checked="" type="checkbox"/>
	INTEGRATED HEALTH SERVICES, INC.	910 RIDGEBROOK RD.	SPARKS, MD 21152	<input checked="" type="checkbox"/>
	INTEGRATED HEALTH SERVICES, INC.	910 RIDGEBROOK RD.	SPARKS, MD 21152	<input checked="" type="checkbox"/>
	INTEGRATED HEALTH SERVICES, INC.	910 RIDGEBROOK RD.	SPARKS, MD 21152	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

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)