

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

FILED

Feb 03 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 # F96000002675 (4)

1. Corporation Name
SYMPHONY ANCILLARY SERVICES, INC.

Principal Place of Business
10065 ROAD RUN BLVD
OWNINGS MILLS MD 21117

Mailing Address
10065 ROAD RUN BLVD
OWNINGS MILLS MD 21117



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

4. FEI Number

52-1730117

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	PCD	<input type="checkbox"/> DELETE
NAME	CIRKA, LAWRENCE P	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWNINGS MILLS MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CAHILL, DENNIS A	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWNINGS MILLS MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CHICHESTER, DAVID N	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWNINGS MILLS MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, BRIAN K	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWNINGS MILLS MD	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWNINGS MILLS MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOMP, EDWARD J	
STREET ADDRESS	10065 RED RUN BOULEVARD	
CITY-ST-ZIP	OWNINGS MILLS MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bennett, Bradley
2.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC.
2.4 CITY-ST-ZIP	10065 RED RUN BLVD. OWNINGS MILLS, MD 21117
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fulchino, mark
4.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC.
4.4 CITY-ST-ZIP	10065 RED RUN BLVD. OWNINGS MILLS, MD 21117
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Levin, Marc
6.3 STREET ADDRESS	INTEGRATED HEALTH SERVICES, INC.
6.4 CITY-ST-ZIP	10065 RED RUN BLVD. OWNINGS MILLS, MD 21117

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption state under s. 199.032, 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.

SIGNATURE:

Mark Fulchino mark Fulchino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

Date

(410) 998-8578

Daytime Phone #

CR2E034 (9/96)