

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000002675**

1. Entity Name

SYMPHONY ANCILLARY SERVICES, INC.**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90040 034 ***150.00

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

2. Principal Place of Business	3. Mailing Address
910 RIDGEBROOK ROAD	910 RIDGEBROOK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City	City & State
SPARKS, MD 21152	SPARKS, MD 21152
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	52-1730117	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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  John Morrissey, Asst. Vice President April 25, 2000
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISBERG, SALLY 10065 RED RUN BOULEVARD OWINGS MILLS MD 21117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL A 10065 RED RUN BOULEVARD OWINGS MILLS MD 21117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHINO, MARK 10065 RED RUN BLVD OWINGS MILLS MD 21117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, ROBERT 10065 RED RUN BLVD OWINGS MI 21117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B. 10065 RED RUN BLVD OWINGS MILLS MD 21117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/23/00 (410) 773-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)