

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002691

1. Entity Name

ADVANCED CLINICAL TECHNOLOGY, INC.

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

05-24-2000 90040 009 \*\*\*150.00

Principal Place of Business

Mailing Address

HEALTH SERVICES, INC.  
 RED RUN BLVD.  
 MILLS MD 21117

INTEGRATED HEALTH SERVICES, INC.  
 10065 RED RUN BLVD.  
 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, Zip  
 SPARKS, MD 21152

City, State, Zip  
 SPARKS, MD 21152

4. FEI Number 86-0431021

Applied For  
 Not Applicable

Zip Country

Zip Country

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  
 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* 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 P ☐ Delete  
 NAME PICKETT, TAYLOR  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME INTEGRATED HEALTH SERVICES, INC.  
 STREET ADDRESS 910 RIDGEBROOK RD.  
 CITY-ST-ZIP SPARKS, MD 21152

TITLE V ☐ Delete  
 NAME FULCHINO, MARK  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME INTEGRATED HEALTH SERVICES, INC.  
 STREET ADDRESS 910 RIDGEBROOK RD.  
 CITY-ST-ZIP SPARKS, MD 21152

TITLE SD ☐ Delete  
 NAME LEVIN, MARC B  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME INTEGRATED HEALTH SERVICES, INC.  
 STREET ADDRESS 910 RIDGEBROOK RD.  
 CITY-ST-ZIP SPARKS, MD 21152

TITLE T ☐ Delete  
 NAME STEPHENSON, ROBERT  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME INTEGRATED HEALTH SERVICES, INC.  
 STREET ADDRESS 910 RIDGEBROOK RD.  
 CITY-ST-ZIP SPARKS, MD 21152

TITLE D ☐ Delete  
 NAME EKLINS, MARSHALL  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME INTEGRATED HEALTH SERVICES, INC.  
 STREET ADDRESS 910 RIDGEBROOK RD.  
 CITY-ST-ZIP SPARKS, MD 21152

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)