## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9600004146 May 24, 2000 8:00 am Secretary of State INTEGRATED HEALTH SERVICES AT KING DAVID CENTER, 05-24-2000 90040 017 \*\*\*150.00 Principal Place of Business Mailing Address RED RUN BLVD 10065 RED RUN BLVD OWING MILLS MD 21152-9390 OWING MILLS MD 21117 3. Mailing Addies GEBROOK ROAD 2. POTO RIDGEBROOK ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City SPARKS, MD 21152 4. FEI Number Applied For CitySPARKS, MD 21152 52-1955980 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Begistered Agent orporate esearch C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Y01. 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 Asst. Vice President April SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE INTEGRATED HEALTH SERVICES, INC. PICKETT, TAYLOR NAME NAME 910 RIDGEBROOK RD. STREET ADDRESS STREET ADDRESS 10065 RED RUN BLVD SPARKS, MD 21152 CITY-ST-7IP CITY-ST-ZIP OWING MILLS MD 21117 ✓ Change ☐ Addition ☐ Delete TITLE INTEGRATED HEALTH SERVICES, INC. NAME STEPHENSON, ROBERT NAME 910 RIDGEBROOK RD. STREET ADDRESS 10065 RED RUN BLVD STREET ADDRESS SPARKS, MD 21152 CITY-ST-ZIP CITY-ST-ZIP OWING MILLS MD 21117 ☐ Change Delete TITLE ☐ Addition TITLE INTEGRATED HEALTH SERVICES, INC. NAME FULCHINO, MARK NAME 910 RIDGEBROOK RD. STREET ADDRESS 10065 RED RUN BLVD STREET ADDRESS SPARKS, MD 21152 CITY-ST-ZIP CITY-ST-ZIP OWING MILLS MD Change ☐ Addition ☐ Delete SD TITLE TITLE INTEGRATED HEALTH SERVICES, INC. NAME LEVIN, MARC NAME 910 RIDGEBROOK RD. STREET ADDRESS STREET ADDRESS 10065 RED RUN BLVD SPARKS, MD: 21152 CITY-ST-ZIP CITY-ST-7IP OWING MILLS MD Change ☐ Addition ☐ Delete TITLE TITLE INTEGRATED HEALTH SERVICES, INC. NAME NAME ELKINS, MARSHALL A 910 RIDGEBROOK RD. STREET ADDRESS STREET ADDRESS 10065 RED RUN BLVD SPARKS, MD 21152 CITY-ST-ZIP CITY-ST-ZIP OWING MILLS MD ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the corpo

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(4/v) 773-1000\_