

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006870

1. Entity Name

W.S.T. CARE, INC.

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

05-24-2000 90040 035 ***150.00

Principal Place of Business

Mailing Address

RED RUN BLVD
 OWINGS MILLS MD 21117

10065 RED RUN BLVD
 OWINGS MILLS MD 21117-4827
 US

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

Zip

Country

Zip

Country

4. FEI Number
47-0628238

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

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
[Signature]
 Signature, typed or printed name of registered agent and title if applicable

John Morrissey, Asst. Vice President *April 25, 2000*
 (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
P
PICKETT, TAYLOR
10065 RED RUN BLVD
OWINGS MILLS MD 21117 ☐ Delete

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

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

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

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

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Fulchino 4/23/00 (40) 773-1000

CR2E034 (9/99)