

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004604

1. Entity Name

INTEGRATED HEALTH SERVICES FRANCHISING CO., INC.

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

05-24-2000 90040 022 ***150.00

Principal Place of Business

Mailing Address

RED RUN BLVD.
MILLS MD 21117

10065 RED RUN BLVD.
OWINGS MILLS MD 21152-9390

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
52-2047692

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)

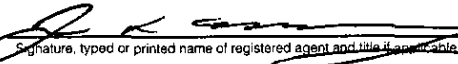
1706 Hays Street, Suite #2

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, 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 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 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 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 D ☐ Delete
NAME ELKINS, MARSHALL A
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Fulchino 4/23/00 (410) 773-1000

CR2E034 (9/99)