

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002651

1. Entity Name

IHS OF CENTRAL FLORIDA AT ORLANDO, INC.

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90038 008 \*\*\*150.00

Principal Place of Business

Mailing Address

10065 RED RUN BLVD.  
OWINGS MILLS MD 21117

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 **SPARKS, MD 21152**

City **SPARKS, MD 21152**

Zip

Country

Zip

Country

4. FEI Number  
**52-2093534**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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**  
**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 ☐ Delete  
NAME **P**  
STREET ADDRESS **PICKETT, TAYLOR**  
CITY-ST-ZIP **10065 RED RUN BLVD.**  
**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 **V**  
STREET ADDRESS **FULCHINO, MARK**  
CITY-ST-ZIP **10065 RED RUN BLVD.**  
**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 **T**  
STREET ADDRESS **STEPHENSON, ROBERT**  
CITY-ST-ZIP **10065 RED RUN BLVD.**  
**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 **SD**  
STREET ADDRESS **LEVIN, MARC B**  
CITY-ST-ZIP **10065 RED RUN BLVD.**  
**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 **D**  
STREET ADDRESS **ELKINS, MARSHALL A**  
CITY-ST-ZIP **10065 RED RUN BLVD.**  
**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

TITLE ☐ 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 **4/23/00** Daytime Phone # **410-773-1000**

CR2E034 (9/99)