

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000001894**1. Entity Name  
N.Y.L.S.A. #4, INC.

Principal Place of Business	Mailing Address
910 RIDGEBROOK ROAD	910 RIDGEBROOK ROAD
SPARKS GLENCOE MD	SPARKS GLENCOE MD
21152	21152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**36-3605989**

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**NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYS STREET SUITE #2TALLAHASSEE FL  
32301 US**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ **03/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	<input type="checkbox"/> Delete
NAME	INTEGRATED HEALTH SERVICES	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN MARK B	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	D	<input type="checkbox"/> Delete
NAME	INTEGRATED HEALTH SERVICES	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS MARSHALL A	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENSON ROBERT	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	FULCHINO MARK	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO MARK	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	SD	<input type="checkbox"/> Delete
NAME	INTEGRATED HEALTH SERVICES	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT TAYLOR	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS MD 21152	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

VP

03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)