

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G67043

1. Entity Name

SHCM HIALEAH, INC.

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

05-24-2000 90040 008 \*\*\*150.00

Principal Place of Business

Mailing Address

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, State, Zip **SPARKS, MD 21152**

City, State, Zip **SPARKS, MD 21152**

Zip

Country

Zip

Country

4. FEI Number

56-1386719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

*John Morrissey* **John Morrissey, Asst. Vice President** **April 25, 2000**

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

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	PICKETT, TAYLOR	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	V	<input type="checkbox"/> Delete
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENSON, ROBERT	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVIN, MARC B	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)