

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **H61083 (2)**

1. Corporation Name

**SYMPHONY HOME CARE SERVICES NO. 1, INC.**



Principal Place of Business

Mailing Address

**10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US**

**10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **PICKETT, TALOR**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **PD** ☐ DELETE

NAME **CIRKA, LAWRENCE P**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **SD** ☐ DELETE

NAME **LEVIN, MARC**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **V** ☐ DELETE

NAME **ELKINS, MARSHALL**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **V** ☐ DELETE

NAME **CAHILL, DENNIS A**  
STREET ADDRESS **10065 RED RUN BLVD.**  
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**fulchino, mark**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**100001734731**  
**-03/06/96--01098--001**  
**\*\*\*6800.00**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**7/2/96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mark Fulchino** mark Fulchino

**2/6/96**

**(410) 998-8578**

CR2E034 (12/95)