

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H61083 (2)  
1. Corporation Name  
SYMPHONY HOME CARE SERVICES NO. 1, INC.



Principal Place of Business

10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US

Mailing Address

10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/10/1985

4. FEI Number

59-2524422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 FULCHINO, MARK  
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 T ☐ DELETE  
NAME BENNETT, BRADLEY  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-ST-ZIP OWINGS MILLS MD

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

2.1 TITLE PD ROBERT N ELKINS ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS Integrated Health Services, Inc.  
2.4 CITY-ST-ZIP 10065 Red Run Blvd.  
Owings Mills, MD 21117

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, Lawrence P Cirka, Marc Levin, Marshall Elkins, Bradley Bennett

CR2E034 (10/97)