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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H61083

SYMPHONY HOME CARE SERVICES NO. 1, INC.

Principal Place of Busines
10065 RED RUN BLVD
OWINGS MILLS MD 21117

Mailing Address

ASSES DED DUN DIVID

## FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90287 004 \*2,400.00



OWINGS MILLS MD 21117 OWINGS MILLS MD 21117						
US US					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					06/10/1985	
2. Principal Place of Business 2650 N. Military Trail 2a. Mailing Address 2714 Union Ave				Ext	4. FEI Number Applied For Not Applied by Applied For Not Appl	
[21] [26]					59-2524422   Not Applicable   \$8.75 Additional	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite   Su					5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23 Boca	Raton, FL	28 Memphis, TN			Trust Fund Contribution Added to Fees	
Zip Country Zip Cou			Country USA		8. This corporation owes the current year Intangible Personal Property Tax   ☑ Yes □ No	
<b>24</b> 3343	1  25		10511		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
сто	CORPORATION SYSTEM		81	Name		
1200 S PINE ISLAND RD			82	82 Street Address (P.O. Box Number is Not Acceptable)		
PLAN	ITATION FL 33324		83			
			84	City	FL 85 Zip Code	
44 5	4- 4	and 607 1509 Florida Statutes	the above	-named i	corporation submits this statement for the purpose of changing its registered	
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			nt signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	V OFFICERS AND	DELETE	13.	I	D. Chief Executive Officer & Addition	
	•	_ beer	1.2 NAME		Stephen H. winters	
NAME	FULCHINO, MARK 10065 RED RUN BLVD			r address	2714 Union Ave. Extd.	
STREET ADDRESS	OWINGS MILLS MD		1.4 CITY-S	<b>\$</b>	Memphis, TN 38112	
CITY-ST-ZIP	PD PD	☐ DELETE	2.1 TITLE	,- 211	P K Change Addition	
NAME	ELKINS, ROBERT N	_	2 2 NAME	i	John R. Koch	
STREET ADDRESS			2.3 STREE	TADDRESS	2714 Union Ave. Extd.	
CITY-ST-ZIP	OWINGS MILLS MD		2. 4 CITY-5		Memphis, TN 38112	
TITLE	SD SD	☐ DELETE	3.1 TITLE		S X Change Addition	
NAME	1 1		3.2 NAME		Michael J. Boling	
STREET ADDRESS	10065 RED RUN BLVD		3.3 STREE	TADDRESS	2714 Union Ave. Extd.	
CITY-ST-ZIP	OMBIGO MILLO MD		3.4. CITY- 8	T-ZIP	Memphis, TN 38112	
TITLE	V	☑ DELETE	4 1 TITLE		☐ Change ☐ Addition	
NAME	ELKINS, MARSHALL		4. 2 NAME			
STREET ADDRESS	10065 RED RUN BLVD		4.3 STREE	F ADDRESS		
CITY-ST-ZIP	OWINGS MILLS MD 4.4 CI		4.4 CITY-S	T-ZIP		
TITLE	T	X DELET€	5.1 TITLE		☐ Change ☐ Addition	
NAME	BENNETT, BRADLEY		5.2 NAME			
STREET ADDRESS	10065 RED RUN BLVD		5.3 STREE	F ADDRESS		
CITY-ST-ZIP	OWINGS MILLS MD 5.4 CI		5.4 CITY-S	T-ZîP		
TITLE	<del></del>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	]		
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			64 CITY-S		1. O. Hand 440 07/07/07 Florida Chabitan I familiar and the the information	
14. I hereby o	ertify that the information supplied with	this filing does not qualify for th	e exempt	on 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 at 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, with all other like empowered.

SIGNATURE:

VELL SERVING OFFICER OR DIRECTOR John R. Koch

4/28/99

901-454-2484