

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90038 010 ***150.00

DOCUMENT # H64233

1. Entity Name

CENTRAL PARK LODGES (TARPON SPRINGS), INC.

Principal Place of Business

Mailing Address

10065 RED RUN BLVD
 OWINGS MILLS MD 21117
 US

10065 RED RUN BLVD
 OWINGS MILLS MD 21117-4827
 US

2. Principal Place of Business
910 RIDGEBROOK ROAD

3. Mailing Address
910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City **SPARKS, MD 21152**

City **SPARKS, MD 21152**

4. FEI Number **52-1440974**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SO PINE ISL RD
 PLANTATION FL 33324**

Name *National Corporate Research, LTD. Inc.*
 Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street, Suite #2
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	P	<input type="checkbox"/> Delete
NAME	PICKETT, TAYLOR	
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	
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		

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: *Mark Fulchino* **Mark Fulchino** **4/23/00 (410) 773-1000**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)