

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90044 022 ***150.00

DOCUMENT # J56577

1. Entity Name

SUNCOAST PHARMACY SERVICES, INC.

Principal Place of Business

Mailing Address

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US10065 RED RUN BLVD
OWINGS MILLS MD 21117-4827
US2. **910 RIDGEBROOK ROAD**3. **910 RIDGEBROOK ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City **SPARKS, MD 21152**City **SPARKS, MD 21152**4. FEI Number **59-2773492**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324Name *National Corporate Research, LTD. Inc.*
Street Address (P.O. Box Number is Not Acceptable)
1706 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

Signature, typed or printed name of registered agent and file it applicable

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

(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 State10. 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 **P** ☐ Delete
NAME **PICKETT, TAYLOR**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**TITLE **D** ☐ Delete
NAME **ELKINS, MARSHALL A**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**TITLE **SD** ☐ Delete
NAME **LEVIN MARC B.**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD**TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**TITLE **V** ☐ Delete
NAME **FULCHINO, MARK**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWING MILLS MD 21117**TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**TITLE **T** ☐ Delete
NAME **STEPHENSON, ROBERT**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-ST-ZIP **OWING MILLS MD 21117**TITLE ☒ Change ☐ Addition
NAME **INTEGRATED HEALTH SERVICES, INC.**
STREET ADDRESS **910 RIDGEBROOK RD.**
CITY-ST-ZIP **SPARKS, MD 21152**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 #

Mark Fulchino 4/23/00 (410) 773-1000