

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65816

1. Entity Name

REHABWORKS, INC.

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

05-24-2000 90040 006 ***150.00

Principal Place of Business

Mailing Address

RED RUN BLVD.
 OWINGS MILLS MD 21117

10065 RED RUN BLVD.
 OWINGS MILLS MD 21117-4827
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City **SPARKS, MD 21152**

City & State **SPARKS, MD 21152**

4. FEI Number **59-2844714**

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
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

1406 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 *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 **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 **V** ☐ Delete
 NAME **FULCHINO, MARK L**
 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 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 **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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 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)