

2000 UNIFORM BUSINESS REPORT (UBR)

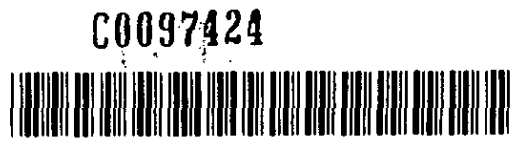
FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90039 004 ***150.00

DOCUMENT # L87729

1. Entity Name
CENTRAL PARK LODGES OF WEST PALM BEACH, INC.

Principal Place of Business RED RUN BLVD MILLS MD 21117	Mailing Address 10065 RED RUN BLVD OWINGS MILLS MD 21117-4827 US
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2. Principal Place of Business 910 RIDGEBROOK ROAD	3. Mailing Address 910 RIDGEBROOK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SPARKS, MD 21152	City & State SPARKS, MD 21152
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1936436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISL RD PLANTATION FL 33324	
7. Name and Address of New Registered Agent Name: <i>National Corporate Research, LTD Inc.</i> Street Address (P.O. Box Number is Not Acceptable): <i>1406 Hays Street, Suite #2</i> City: <i>Tallahassee</i> FL Zip Code: <i>32301</i>	

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]* **John Morrissey, Asst. Vice President** **April 25, 2000**
Signature, typed or printed name of registered agent and where 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. ☐ **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	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, TAYLOR		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD.		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, ROBERT		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD.		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILL MD 21117		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL A		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **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)