

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # M71968**1. Entity Name  
INTEGRATED HEALTH SERVICES OF GREEN BRIAR, INC.

Principal Place of Business	Mailing Address
910 RIDGEBROOK ROAD	910 RIDGEBROOK ROAD
SPARKS GLENCOE MD 21152 US	SPARKS GLENCOE MD 21152 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**52-1574211**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD. INC.  
1406 HAYS STREET STE 2TALLAHASSEE FL  
32301 US

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_ DATE **03/13/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS MARSHALL A	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVIN MARC B	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENSON ROBERT	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	P	<input type="checkbox"/> Delete
NAME	PICKETT TAYLOR	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE	V	<input type="checkbox"/> Delete
NAME	FULCHINO MARK	
STREET ADDRESS	910 RIDGEBROOK RD	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**

VP

03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)