

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90040 048 ***150.00

DOCUMENT # M72633

1. Entity Name

BETHAMY LIVING CENTER MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

10065 RED RUN BLVD
 OWINGS MILLS MD 21117
 US

10065 RED RUN BLVD
 OWINGS MILLS MD 21117
 US

2. Principal Place of Business

3. Mailing Address

910 RIDGEBROOK ROAD

910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City **SPARKS, MD 21152**

City **SPARKS, MD 21152**

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **33-0502084**

Applied For
 Not Applicable

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 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 *[Signature]*

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 NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	PICKETT, TAYLOR	
CITY-ST-ZIP	10065 RED RUN BLVD	
	OWINGS MILLS MD 21117	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	STEPHENSON, ROBERT	
CITY-ST-ZIP	10065 RED RUN BLVD	
	OWINGS MILLS MD 21117	
TITLE NAME	V	<input type="checkbox"/> Delete
STREET ADDRESS	FULCHINO, MARK	
CITY-ST-ZIP	10065 RED RUN BLVD	
	OWINGS MILLS MD	
TITLE NAME	SD	<input type="checkbox"/> Delete
STREET ADDRESS	LEVIN, MARC	
CITY-ST-ZIP	10065 RED RUN BLVD	
	OWINGS MILLS MD	
TITLE NAME	VD	<input type="checkbox"/> Delete
STREET ADDRESS	ELKINS, MARSHALL A.	
CITY-ST-ZIP	10065 RED RUN BLVD	
	OWINGS MILLS MD	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE NAME	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE NAME	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE NAME	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 #